VōSoL® IS VIRTUALLY 100% EFFECTIVE IN SWIMMER'S EAR . . . BACTERIAL, FUNGAL OR BOTH

• bactericidal/fungicidal action so dependable it's virtually 100% effective in external otitis • cidal effect is immediate against all pathogens linked to external otitis • rapid antiinflammatory—antiinfective—antipruritic action • no risk of antibiotic sensitivity or development of resistant strains—not an antibiotic—not a sulfonamide

For prevention and treatment of otitis externa.

VōSoL®

Otic Solution

Ingredients:

1, 2-propanediol diacetate	3.0%
acetic acid	2.0%
benzethonium chloride	0.02%

in a propylene glycol vehicle containing 0.015% sodium acetate.

When otitis externa is complicated by inflammation, seborrheic dermatitis, allergic eczema or psoriasis

VōSoL® HC

Otic Solution

Ingredients of VoSol plus 1% Hydrocortisone

INDICATIONS: VoSol: For the treatment and prevention of otitis externa. VoSol *HC:* Indicated when the otitis is complicated by inflammation or when the otitis is associated with seborrheic dermatitis, allergic eczema, psoriasis or other non-infectious conditions. PRECAUTIONS: As safety of topical steroids during pregnancy has not been confirmed, they should not be used for an extended period during pregnancy. Systemic side effects may occur with extensive use of steroids. CONTRAINDICATIONS: As with all drugs, sensitivity to any of the constituents of these preparations is a contraindication to their use; perforated tympanic membranes are frequently considered a contraindication to the use of external ear canal medication. AVAILABILITY. VoSol 15cc. VoSol *HC* 7½cc. Both preparations in measured drop, safety-tip plastic bottles.

May 1969 **WAMPOLE LABORATORIES** Div. Denver Chemical Mfg. Co., Stamford, Ct. 06904 VOAD-1

LACTINEX®

LACTINEX®

TABLETS & GRANULES

■ **to help restore and stabilize the intestinal flora**

■ **for fever blisters and canker sores of herpetic origin**

Introduced to help reestablish the normal physiology of the intestinal tract in gastrointestinal disturbances[1], particularly diarrheas (including those resulting from antibiotic therapy), Lactinex is also useful for reestablishing the flora following bowel surgery, infant colic, mucous colitis, foul-smelling stools, pruritus ani, flatulence and hives.[2,3,4,5,6]

Lactinex contains a viable mixed culture of both *Lactobacillus acidophilus* and *L. bulgaricus* with the naturally occurring metabolic products produced by these organisms.

No untoward side effects have been reported to date.

Literature on indications and dosage available on request.

HYNSON, WESTCOTT & DUNNING, INC.

Baltimore, Maryland 21201

(#LX06)

LX

References:

(1) Siver, R. H.: CMD, 21:109, September 1954. (2) Frykman, H. H.: Minn. Med., 38:19-27, January 1955. (3) McGivney, J.: Tex. State Jour. Med., 51:16-18, January 1955. (4) Quehl, T. M.: Jour. of Florida Acad. Gen. Prac., 15:15-16, October 1965. (5) Weekes, D. J.: NY State Jour. Med., 58:2672-2673, August 1958. (6) Ellis, S. and Spratt, J. S.: JOUR. AMER. GER. SOC., 18:410-415, May 1970.

Two brief words about Tuinal®

one-half sodium amobarbital and one-half sodium secobarbital

"good night"

Tuinal helps patients fall asleep fast, stay asleep all night.

In nearly a quarter century of use, Tuinal has proved to be the trusted sedative for patients who "just can't sleep." The sodium secobarbital in each Pulvule® gives prompt hypnotic relief. The longer-lasting effect of sodium amobarbital helps them stay asleep all night.

Three strengths of this formulation are available for your prescription.

50 mg. (3/4 grain) 100 mg. (1 1/2 grains) 200 mg. (3 grains)

Indications: Tuinal, comprised of equal parts of Seconal® Sodium (sodium secobarbital, Lilly) and Amytal® Sodium (sodium amobarbital, Lilly), is indicated for prompt and moderately long-acting hypnotic effect. It is not suitable for continuous daytime sedation.

Contraindications: Barbiturates should not be administered to anyone with a history of porphyria, nor should they be given in the presence of uncontrolled pain, because excitement may result.

Warning: May be habit-forming.

Precautions: Tuinal should be used cautiously in patients with decreased liver function, since prolongation of effect may occur.

Adverse Reactions: Idiosyncrasy, such as excitement, hangover, or pain, may appear. Hypersensitivity reactions occur in some patients, especially in those with asthma, urticaria, or angioneurotic edema.

Dosage: 50 to 200 mg. (3/4 to 3 grains) at bedtime.

Overdosage: C.N.S. depression. Symptoms—Depression of respiration and of superficial and deep reflexes, slight constriction of the pupils (in severe poisoning, dilation), decreased urine formation, lowered body temperature, coma. Treatment—Symptomatic and supportive (gastric lavage; intravenous fluids; maintenance of blood pressure, body temperature, and adequate respiration). Dialysis may speed removal of barbiturates from body fluids.

How Supplied: In 50-mg. (3/4-grain), 100-mg. (1 1/2-grain), and 200-mg. (3-grain) Pulvules®. [052468]

Under your supervision, barbiturates are valuable therapeutic agents. In the hands of the reckless and the uninformed, they can be abused. Lilly enforces a comprehensive security program to help prevent pilferage, theft, and diversion of its products. Full co-operation is afforded law enforcement agencies and other groups who offer education on drug abuse and prevention programs.

Additional information available upon request.

Eli Lilly and Company
Indianapolis, Indiana 46206

Lilly

in cardiac edema

Dyazide®

Trademark

Each capsule contains 50 mg. of Dyrenium® (brand of triamterene) and 25 mg. of hydrochlorothiazide.

gets the water out

spares the potassium

Before prescribing, see complete prescribing information in SK&F literature or *PDR*.

Indications: Edema associated with congestive heart failure, cirrhosis of the liver, the nephrotic syndrome, late pregnancy; also steroid-induced and idiopathic edema, and edema resistant to other diuretic therapy. 'Dyazide' is also indicated in the treatment of mild to moderate hypertension.

Contraindications: Pre-existing elevated serum potassium. Hypersensitivity to either component. Continued use in progressive renal or hepatic dysfunction or developing hyperkalemia.

Warnings: **Do not use dietary potassium supplements or potassium salts unless hypokalemia develops or dietary potassium intake is markedly impaired.** Enteric-coated potassium salts may cause small bowel stenosis with or without ulceration. Hyperkalemia (>5.4 mEq/L) has been reported in 4% of patients under 60 years, in 12% of patients over 60 years, and in less than 8% of patients overall. Rarely, cases have been associated with cardiac irregularities. Accordingly, **check serum potassium during therapy, particularly in patients with suspected or confirmed renal insufficiency (e.g., certain elderly or diabetics). If hyperkalemia develops, substitute a thiazide alone. If spironolactone is used concomitantly with 'Dyazide', check serum potassium frequently**—they can both cause potassium retention and sometimes hyperkalemia. Two deaths have been reported in patients on such combined therapy (in one, recommended dosage was exceeded; in the other, serum electrolytes were not properly monitored). Observe regularly for possible blood dyscrasias, liver damage or other idiosyncratic reactions. Blood dyscrasias have been reported in patients receiving Dyrenium (triamterene, SK&F). Rarely, leukopenia, thrombocytopenia, agranulocytosis, and aplastic anemia have been reported with the thiazides. Watch for signs of impending coma in acutely ill cirrhotics. Thiazides are reported to cross the placental barrier and appear in breast milk. This may result in fetal or neonatal hyperbilirubinemia, thrombocytopenia, altered carbohydrate metabolism and possibly other adverse reactions that have occurred in the adult. When used during pregnancy or in women who might bear children, weigh potential benefits against possible hazards to fetus.

Precautions: Do periodic serum electrolyte and BUN determinations. Do periodic hematologic studies in cirrhotics with splenomegaly. Antihypertensive effects may be enhanced in postsympathectomy patients. The following may occur: hyperuricemia and gout, reversible nitrogen retention, decreasing alkali reserve with possible metabolic acidosis, hyperglycemia and glycosuria (diabetic insulin requirements may be altered), digitalis intoxication (in hypokalemia). Use cautiously in surgical patients. Concomitant use with antihypertensive agents may result in an additive hypotensive effect.

Adverse Reactions: Muscle cramps, weakness, dizziness, headache, dry mouth; anaphylaxis; rash, urticaria, photosensitivity, purpura, other dermatological conditions; nausea and vomiting (may indicate electrolyte imbalance), diarrhea, constipation, other gastrointestinal disturbances. Rarely, necrotizing vasculitis, paresthesias, icterus, pancreatitis, and xanthopsia have occurred with thiazides alone.

Supplied: Bottles of 100 capsules.

SK&F

Smith Kline & French Laboratories

"Most often it's my stomach, but I get headaches too. My muscles hurt and I'm fidgety and sometimes I cry."

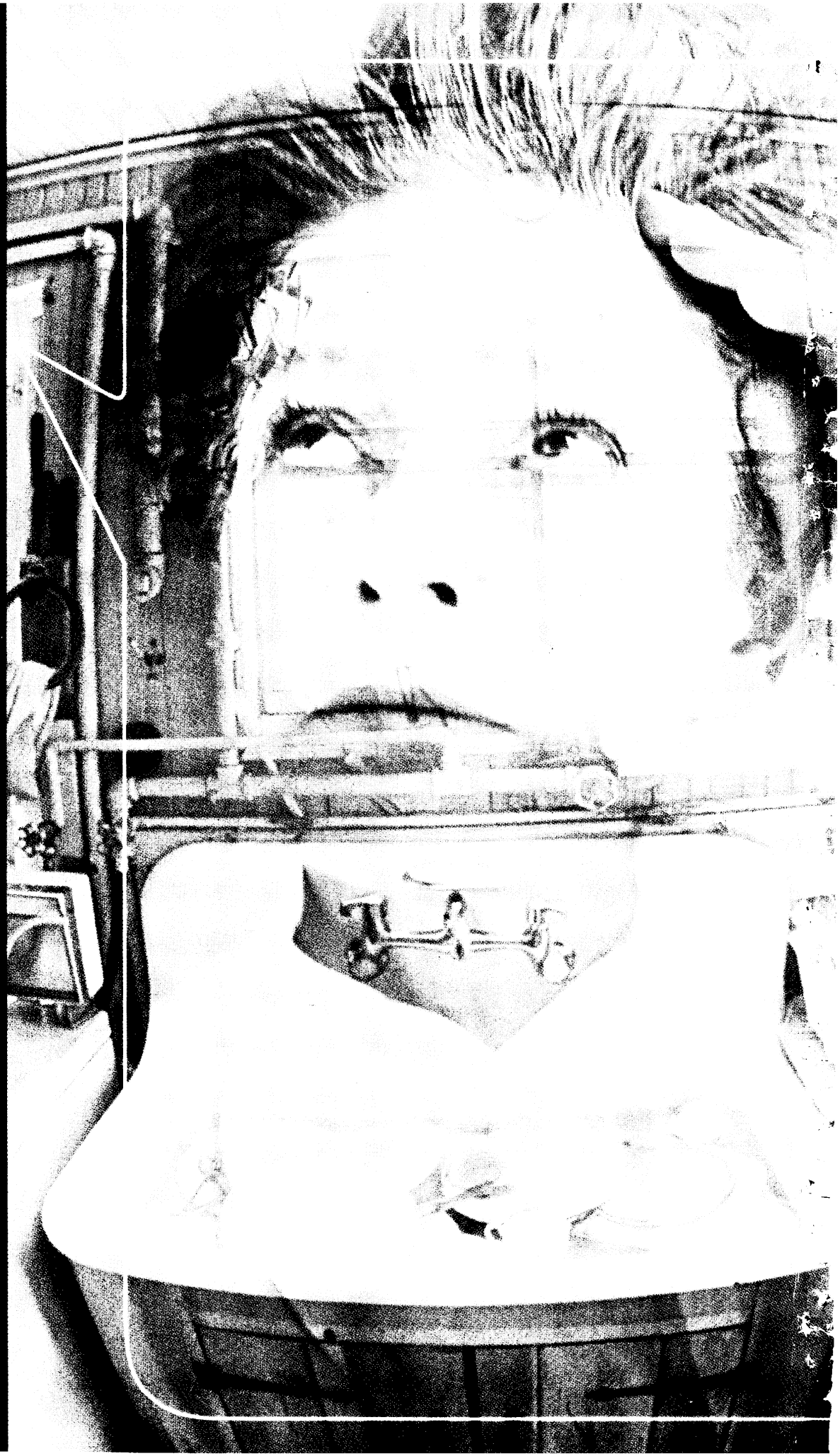
Somatic symptoms and concerns caused by anxiety respond particularly well to Sinequan®
DOXEPIN HCl

(Please see last page for full adverse reactions, contraindications, warnings and precautions.)

"Everything I do is half done. I'm restless, nervous, tired all the time and always nagging."

Anxiety and lack of energy respond particularly well to

Sinequan
DOXEPIN HCl



Marked antianxiety action...

The antianxiety effect of Sinequan (doxepin HCl) was compared to that of either diazepam or chlordiazepoxide in ten double-blind studies[1,2] of 422 patients with psychoneurotic anxiety. An analysis of the symptom rating scales revealed that Sinequan was unsurpassed by the two tranquilizers in treating a broad range of anxious symptomatology.

Global evaluation of the double-blind studies also expressed the comparative effectiveness of Sinequan:

SINEQUAN VS. CHLORDIAZEPOXIDE IN 5 DOUBLE-BLIND STUDIES

DRUG ADMINISTERED	SINEQUAN	CHLORDIAZEPOXIDE
TOTAL NO. OF PATIENTS	77	72
NUMBER IMPROVED	**64**	**56**
MARKED	21	7
MODERATE	27	23
SLIGHT	16	26
% IMPROVED	**83%**	**78%**

SINEQUAN VS. DIAZEPAM IN 5 DOUBLE-BLIND STUDIES

DRUG ADMINISTERED	SINEQUAN	DIAZEPAM	PLACEBO
TOTAL NO. OF PATIENTS	118	102	48
NUMBER IMPROVED	**100**	**75**	**33**
MARKED	47	34	12
MODERATE	29	29	11
SLIGHT	24	12	10
% IMPROVED	**85%**	**74%**	**69%**

Overall evaluations[1] of patients treated with Sinequan revealed that:

- 84% of 263 patients with symptoms of anxiety showed marked, moderate, or slight improvement
- 87% of 40 patients with symptoms of anxiety accompanying organic disease showed marked, moderate, or slight improvement
- 83% of 142 patients with symptoms of anxiety and depression showed marked, moderate, or slight improvement.

...and significant antidepressant activity

Sinequan®
DOXEPIN HCl

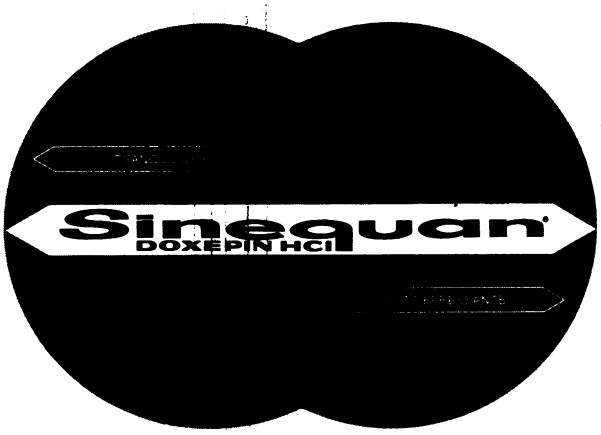
Starting dosage:
25 mg. t.i.d. for mild to moderate anxiety

The tranquilizer that is an antidepressant.
The antidepressant that is a tranquilizer.

"In a double-blind and placebo-controlled study of doxepin and diazepam in therapy for anxiety superimposed on underlying gastrointestinal disease in 60 patients, doxepin appeared comparable to diazepam in reducing anxiety."

Kasich, A. M.: Psychosomatics Supplement 10:18, May-June, 1969.

(Please see last page for full adverse reactions, contraindications, warnings and precautions.)



Analysis of standard symptoms rating scales[1] proved the effectiveness of Sinequan (doxepin HCl) in decreasing the intensity and incidence of the most prevalent psychoneurotic symptoms:

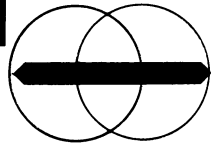
Symptom	Improvement with Sinequan
Anxious Mood	**74%** (59 of 80 patients[a])
Fears	**73%** (48 of 66 patients[a])
Difficulty in decision-making	**63%** (12 of 19 patients[b])
Tension	**79%** (63 of 80 patients[a])
Depressed Mood	**72%** (50 of 69 patients[a])
Loss of interest	**73%** (11 of 15 patients[c])
Social Withdrawal	**62%** (13 of 21 patients[b])
Somatic Symptoms (General)	**76%** (31 of 41 patients[a])
Respiratory Symptoms	**83%** (19 of 23 patients[a])
Gastrointestinal Symptoms	**77%** (54 of 70 patients[a])
Cardiovascular Symptoms	**67%** (14 of 21 patients[a])
Insomnia	**73%** (53 of 73 patients[a])

Rating scales used for symptom evaluation
a. Hamilton Anxiety Scale (Modified)
b. Wittenborn Symptom Rating Scale
c. Anxiety Check List

Effective control of anxiety's most prevalent psychic and somatic symptoms... relief of underlying depression

Sinequan®
DOXEPIN HCl

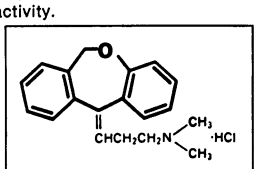
Starting dosage:
25 mg. t.i.d. for mild to moderate anxiety



Sinequan (doxepin·HCl) **Capsules**

Description. Sinequan (doxepin·HCl) is a new dibenzoxepin psychotherapeutic agent with marked antianxiety and significant antidepressant activity.

Chemistry. Sinequan (doxepin·HCl) is a dibenzoxepin derivative and is the first of a new family of psychotherapeutic agents. Specifically, it is an isomeric mixture of N,N-Dimethyl-dibenz(b,e)-oxepin-$\Delta^{11(6H)}$, γ propylamine hydrochloride.



SINEQUAN (doxepin·HCl)

Indications. In a carefully designed series of controlled studies, Sinequan (doxepin·HCl) has been shown to have marked antianxiety and significant antidepressant activity. Sinequan (doxepin·HCl) is recommended for the treatment of:
(1) Patients with psychoneurotic anxiety and/or depressive reactions. (2) Mixed symptoms of anxiety and depression. (3) Alcoholic patients with anxiety and/or depression. (4) Anxiety associated with organic disease. (5) Psychotic depressive disorders including involutional depression and manic-depressive reactions.

The target symptoms of psychoneurosis that respond particularly well to Sinequan (doxepin·HCl) include anxiety, tension, depression, somatic symptoms and concerns, insomnia, guilt, lack of energy, fear, apprehension and worry.

In those patients in whom anxiety masks the depressive state, Sinequan (doxepin·HCl) is of particular value since it exerts a potent antidepressant effect as well as antianxiety activity.

Patients who have failed to respond to other antianxiety or antidepressant drugs may benefit from treatment with Sinequan (doxepin·HCl).

Clinical experience has shown that Sinequan (doxepin·HCl) is safe and well tolerated even in the elderly patient.

In a large series of patients systematically observed for withdrawal symptoms, none were reported. This is consistent with the virtual absence of euphoria as a side effect and the lack of addiction potential characteristic of this type of chemical compound.

Contraindications. Sinequan (doxepin·HCl) is contraindicated in individuals who have shown hypersensitivity to the drug.

Sinequan (doxepin·HCl) is contraindicated in patients with glaucoma or a tendency to urinary retention.

Warnings. *Usage in Pregnancy:* Sinequan (doxepin·HCl) has not been studied in the pregnant patient. It should not be used in pregnant women unless, in the judgment of the physician, it is essential for the welfare of the patient, although animal reproductive studies have not resulted in any teratogenic effects.

Usage in Children: The use of Sinequan (doxepin·HCl) in children under 12 years of age is not recommended, because safe conditions for its use have not been established.

MAO Inhibitors: Serious side effects and even death have been reported following the concomitant use of certain drugs with MAO inhibitors. Therefore, MAO inhibitors should be discontinued at least two weeks prior to the cautious initiation of therapy with Sinequan (doxepin·HCl). The exact length of time may vary and is dependent upon the particular MAO inhibitor being used, the length of time it has been administered, and the dosage involved.

Precautions. Since drowsiness may occur with the use of this drug, patients should be warned of the possibility and cautioned against driving a car or operating dangerous machinery while taking this drug.

Patients should also be cautioned that their response to alcohol may be potentiated.

Since suicide is an inherent risk in any depressed patient and may remain so until significant improvement has occurred, patients should be closely supervised during the early course of therapy.

Although Sinequan (doxepin·HCl) has significant tranquilizing activity, the possibility of activation of psychotic symptoms should be kept in mind.

Other structurally related psychotherapeutic agents (e.g., iminodibenzyls and dibenzocycloheptenes) are capable of blocking the effects of guanethidine and similarly acting compounds in both the animal and man. Sinequan (doxepin·HCl), however, does not show this effect in animals. At the usual clinical dosage, 75 to 150 mg. per day, Sinequan (doxepin·HCl) can be given concomitantly with guanethidine and related compounds without blocking the antihypertensive effect. At doses of 300 mg. per day or above, Sinequan (doxepin·HCl) does exert a significant blocking effect. In addition, Sinequan (doxepin·HCl) was similar to the other structurally related psychotherapeutic agents as regards its ability to potentiate norepinephrine response in the animal. However, in the human this effect was not seen. This is in agreement with the low incidence of the side effect of tachycardia seen clinically.

Adverse Reactions. *Anticholinergic Effects:* Dry mouth, blurred vision, and constipation have been reported. They are usually mild, and often subside with continued therapy or reduction of dose.

Central Nervous System Effects: Drowsiness has been observed. This usually occurs early in the course of treatment, and tends to disappear as therapy is continued.

Cardiovascular Effects: Tachycardia and hypotension have been reported infrequently.

Other infrequently reported side effects include extrapyramidal symptoms, gastrointestinal reactions, secretory effects such as increased sweating, weakness, dizziness, fatigue, weight gain, edema, paresthesias, flushing, chills, tinnitus, photophobia, decreased libido, rash, and pruritus.

Dosage. For most patients with illness of mild to moderate severity, a starting dose of 25 mg. t.i.d. is recommended. Dosage may subsequently be increased or decreased at appropriate intervals and according to individual response. The usual optimum dose range is 75 mg./day to 150 mg./day.

In more severely ill patients an initial dose of 50 mg. t.i.d. may be required with subsequent gradual increase to 300 mg./day if necessary. Additional therapeutic effect is rarely to be obtained by exceeding a dose of 300 mg./day.

In patients with very mild symptomatology or emotional symptoms accompanying organic disease, lower doses may suffice. Some of these patients have been controlled on doses as low as 25-50 mg./day.

Although optimal antidepressant response may not be evident for two to three weeks, antianxiety activity is rapidly apparent.

Supply. Sinequan (doxepin·HCl) is available as capsules containing doxepin HCl equivalent to 10 mg., 25 mg., and 50 mg. of doxepin in bottles of 100; and 25 mg. and 50 mg. in bottles of 1000.

References: 1. Data on File, Medical Research Laboratories, Pfizer Pharmaceuticals, Pfizer Inc., Groton, Conn.
2. Pitts, N.E.: Psychosomatics 10:164, May-June, 1969.

Pfizer
LABORATORIES DIVISION
PFIZER INC., NEW YORK, N.Y. 10017

Issued September 1969

This non-dairy creamer is made from 100% soybean oil. mocha-mix.®

That means it's also 100% milk free.

And it's a liquid. A great tasting liquid. Pour it on coffee, on cereal, on fruit, even use it for cooking.

Want another reason to recommend your patients use mocha-mix? It has only 7 delicious calories to a teaspoon.

Check our chart.

Then send us a note and we will send you a supply of coupons your patients can redeem at their grocers.

Mail to Presto Food Products, Inc., 929 E. 14th St., Los Angeles, Calif. 90021

DATA SHEET
MOCHA MIX®

INGREDIENT	APPROXIMATE PERCENT	APPROXIMATE GRAMS PER FLUID OUNCE	SOURCE
WATER	80.0%	24.35	
VEGETABLE OIL*	11.1%	3.38	Soya
VEGETABLE PROTEIN	.42%	.13	Soya
CARBOHYDRATES	7.40%	2.25	Corn Syrup
MINERALS	.18%	.05	Sodium, Calcium, Potassium, Magnesium, Iron, Chlorine & Trace Minerals
CALCIUM	.002%	.0006	
SODIUM CONTENT	.10%	.03	

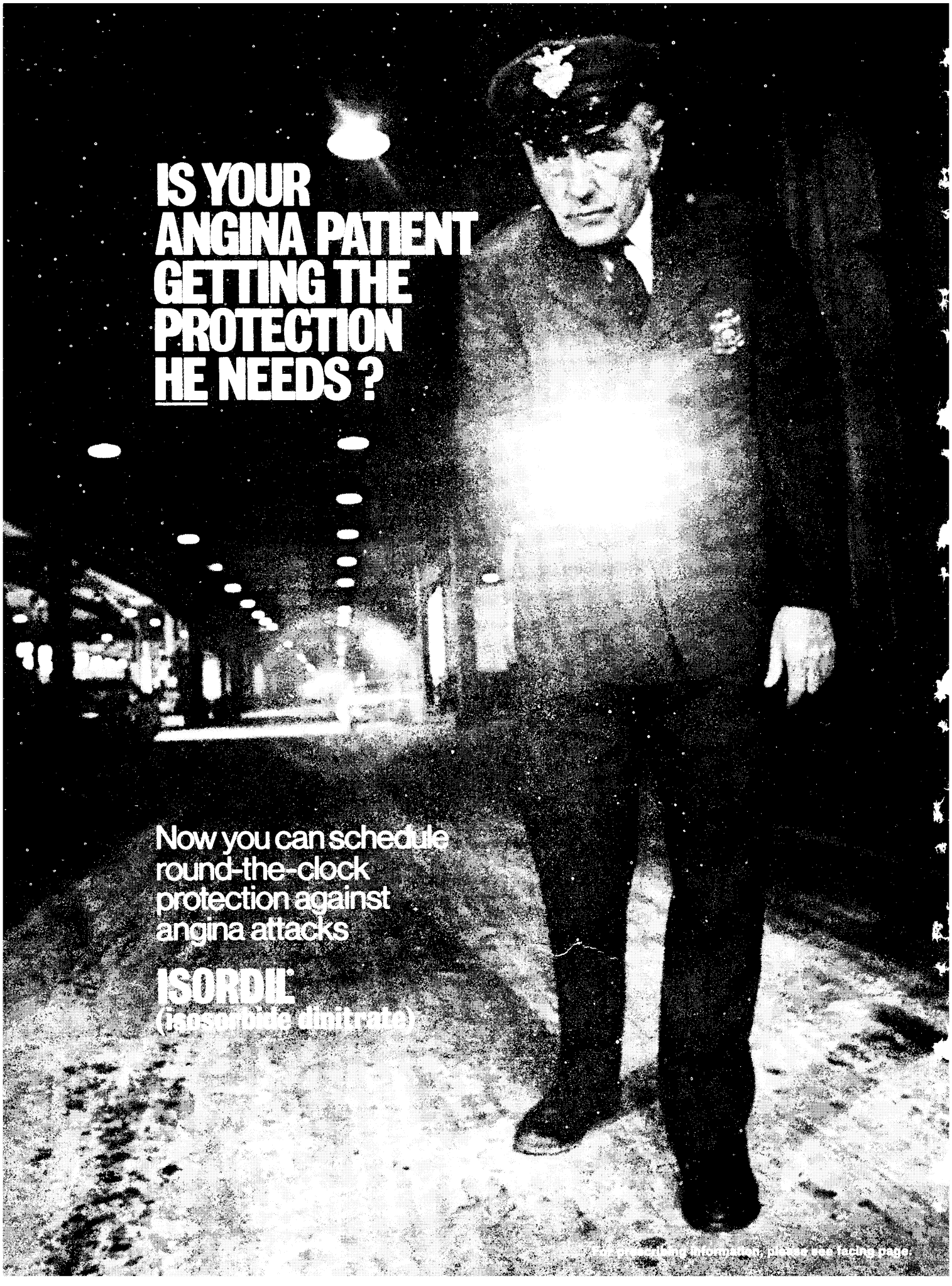
CALORIES

CALORIES PER FLUID OUNCE 39.2 CALORIES
CALORIES PER TEASPOON 7.0 CALORIES

*Partially hydrogenated soybean oil.
Based on the fat, approximate fatty acid composition:

Saturated	23% ±2%
Mono-Unsaturated	64% ±3%
Poly-Unsaturated	12% ±2%

mocha-mix. the best of replacements.


IS YOUR ANGINA PATIENT GETTING THE PROTECTION HE NEEDS?
Now you can schedule round-the-clock protection against angina attacks
ISORDIL®
(isosorbide dinitrate)

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PHYSICIANS WANTED

PHYSICIANS FOR LIFE INSURANCE EXAMINATIONS—all areas of Southern California. Contact: Edward B. Frankel, M.D., 5203 Lakewood Boulevard, Lakewood, California 90712. Phone: (213) 531-7420.

GP FOR EXPANDING MEDICAL GROUP in L.A. and Orange County. Excellent salary and fringe benefits and percentage. Write or call California Medical Group, 1880 Century Park East, Suite 1608, Los Angeles, Ca. 90067 (213) 553-6660.

ASSISTANT CHIEF of outpatient services—central California teaching hospital. Physician for patient care and screening in clinic and E.R. Salary, $27,500+. Write or phone Frederick M. Herbert, M.D., Valley Medical Center of Fresno, Fresno, Ca. 93702. (209) 251-4833, Ext. 2287.

INTERNIST WANTED—Unique opportunity to take over a thriving long established practice of Internal Medicine. Custom built office for two. Ideal location. Near medical school. Income limited only by energy. I am interested in limited work only in future, but will be present to introduce indefinitely. Write or call Herbert W. Jenkins, M.D., FACP, 807 30th Street, Sacramento, Ca. 95816. Phone (916) 444-2060.

ANESTHESIOLOGIST—Staff position in expanding department. California license required. Must be interested in teaching and clinical supervision of residents, interns. Interested in clinical and laboratory research. Preferably an individual with his Boards. Combined County-UCLA appointment. County salary $27,294, plus, additional University stipend based on academic rank. Contact: Paul H. Lorhan, M.D., Chief of Anesthesiology, Harbor General Hospital, 1000 West Carson Street, Torrance, Ca. 90509. Phone: (213) 775-7711. Ext. 431.

ANTIOCH—CONTRA COSTA COUNTY: Congenial group, located near San Francisco, seeking GP who has completed military obligation. Predominately office practice with minor surgery (if desired), no OB, good hours (40-hour week), limited night calls, annual educational leave and vacation, consults easily accessible, liberal fringe benefits, weekly clinical conference (with specialists). Salary to start, with annual increases leading to partnership (if mutually acceptable). Contact: Charles M. Woods, M.D., Permanente Medical Group, 3400 Delta Fair Boulevard, Antioch, Ca. 94509.

ORANGE COUNTY, CALIFORNIA. Extremely active, continually expanding Anaheim OB-GYN practice needs vigorous well-trained OB-GYN associate. Must be interested in preparation for childbirth (Lamaze technique). Income negotiable. Send curriculum vitae and photograph. Box 9236, Cal Med.

OPENING FOR WELL-TRAINED RADIATION THERAPIST. A 12 Mev Linear Accelerator and teletherapy equipment available. Therapist to take charge of therapy program supported by well-qualified medical physicist and trained technicians. Financial arrangements dependent on qualifications. Box 9237 Cal Med.

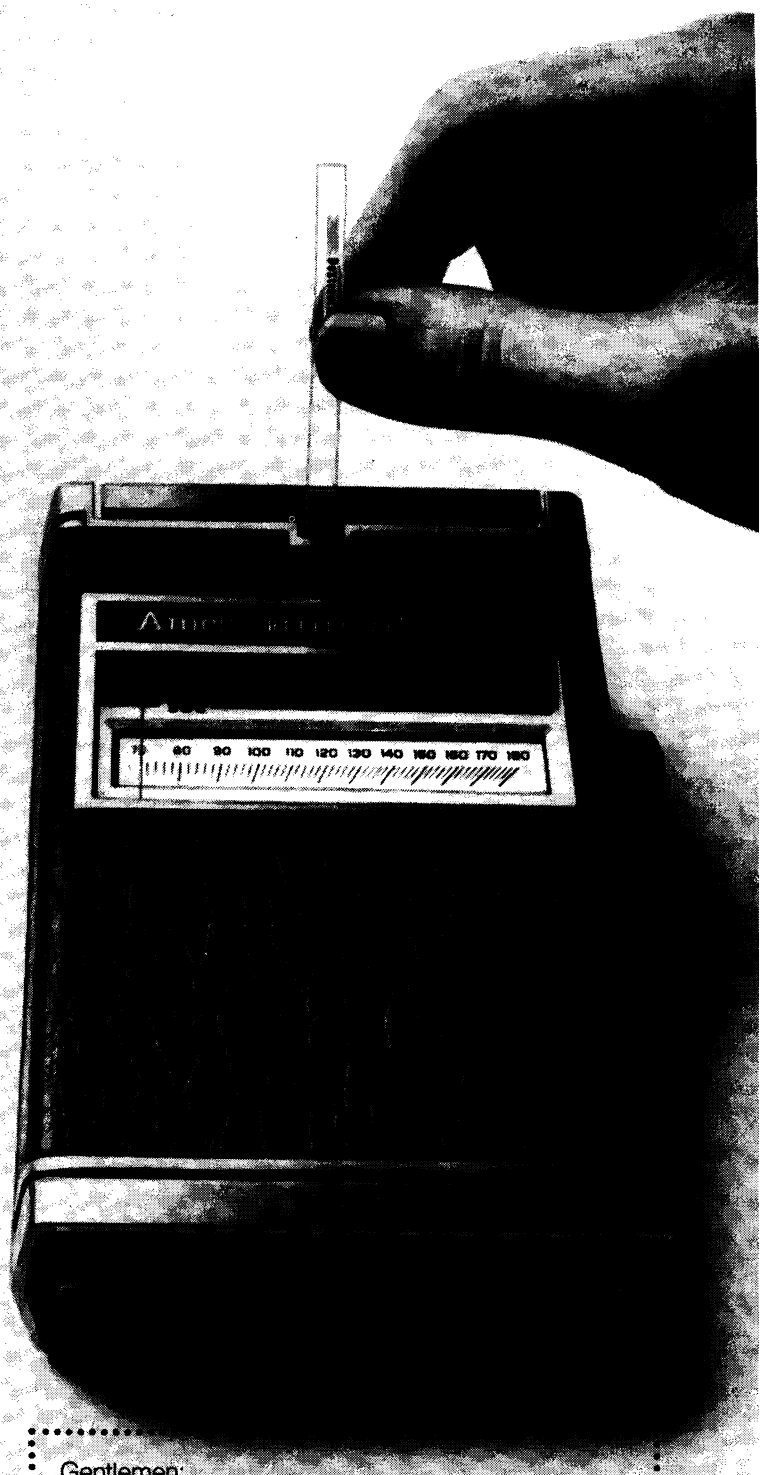
ASSISTANT HEALTH OFFICER—Spokane County Health District. Population served 300,000. Salary negotiable depending on qualifications. Duties will be clinical in nature and will include crippled children services. Requires M.D. degree and four years experience in practice of medicine. Also, a strong interest in public health. Excellent civil service benefits. Inquire by contacting Personnel Officer, Department of Social and Health Services, Division of Health, P.O. Box 709, Olympia, Washington 98501. Telephone (206) 753-5904.

PEDIATRICIAN: For 10-man multi-specialty group, $2500 plus per month. Partnership 9-12 months. Near desert and mountain recreation areas. Contact John Bugay—Drummond Medical Group, 1111 N. China Lake Blvd., Ridgecrest, Ca. 93555. Phone collect (714) 446-4571.

GP OR SURGEON. Industrial background preferred. 24-hour emergency center. Part or full time, working hours open. Top salary plus partnership available. South Bay area, call Mary Ann Mrkonic, R.N. (213) 322-5393.

(Continued on page 16)

New accurate system for blood-glucose determinations



Ames™ Reflectance Meter
Precision Reflectance Photometer

with Dextrostix®
Reagent Strips

An accurate system
because you get *quantitative* determinations — results are comparable in accuracy to accepted automated and manual procedures.

A fast, convenient system
because testing is fast... takes less than 2 minutes... it can be done practically anywhere — in office, hospital, laboratory or mobile unit.

Ames Reflectance Meter is a three-pound, battery-operated precision instrument that provides quantitative measurements of blood glucose in conjunction with DEXTROSTIX Reagent Strips. It measures the reflected light from the surface of the reacted DEXTROSTIX reagent area and converts the measurement, by means of electronic circuitry, to a numerical reading on a finely calibrated meter scale. Test results are available in less than two minutes.

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124170

No G.I. intolerance with Bufferin for most Arthritics.

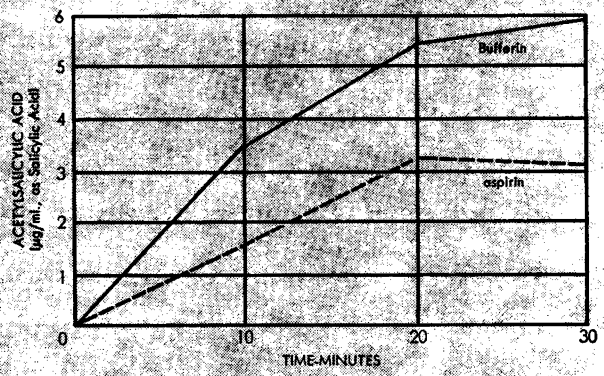
Hospital records showed that rheumatoid arthritics were 2½ to 9 times more prone to gastrointestinal intolerance with plain aspirin than the general patient population.[1] A two-part study reported in an article[1] in the *Journal of the American Medical Association* investigated this problem to determine if Bufferin® would be better tolerated by arthritics.

The first part dealt with 37 rheumatoid arthritics with proved intolerance to aspirin. In a double-blind crossover test, alternating regimens of aspirin and Bufferin (2 tabs. 4 times a day while awake) were administered. Of the 37, twenty-six responded to Bufferin without significant gastrointestinal problems. In the second part, 25 of these same 26 arthritics participated in a long-term management study using Bufferin.

In this single-modality test, 24 out of 25 arthritics with proved aspirin intolerance took a regimen including Bufferin* (2 tabs. q.i.d.) from 4 to 18 months with no significant gastrointestinal distress.

THAT'S 96% WITHOUT SIGNIFICANT STOMACH UPSET.

Achieve higher pure acetylsalicylic acid blood levels faster with Bufferin.



In a series of tests,[2] blood levels were measured which compared Bufferin with plain aspirin. In the first critical minutes, Bufferin produced blood levels of pure acetylsalicylic acid averaging almost twice those of plain aspirin.

Bufferin can give arthritis sufferers the benefit of higher pure acetylsalicylic acid levels faster. And without undue risk of gastrointestinal problems.

Composition: Each tablet contains aspirin 5 Gr., and the antacid Di-Alminate® (Bristol-Myers' brand of Aluminum Glycinate and Magnesium Carbonate).

*Majority of patients studied received long-term therapy consisting of physiotherapy, dietary adjuncts, and in some instances, gold salts.

1 Fremont-Smith, Paul, *JAMA*, 159:386-388, June 4, 1955.

2 Truitt, Edward B., Jr., and Morgan, Ann M., *Journal of Pharmaceutical Sciences*, 54 No. 11:1640-1646, 1965.

(Continued from page 11)

PHYSICIANS WANTED

PUBLIC HEALTH PHYSICIAN (Supervisor, Maternal and Child Health). Immediate opening in Olympia. Administer, supervise and coordinate programs of maternal and child health, including family planning. Requires M.D. degree and graduate training in public health plus three years of professional medical experience including two years involving maternal and child health. Salary range $21,384 to $24,744 plus excellent state civil service benefits. Inquire by contacting Personnel Officer, Department of Social and Health Services, Division of Health, P.O. Box 709, Olympia, Washington 98501. Telephone (206) 753-5904.

PHYSICIAN—Washington State Civil Service Position. Immediate opening in Olympia. Interviews and examines patients suspected of having tuberculosis. Prescribes treatment as required. Confers with local health officers throughout the state regarding Tuberculosis Control Program. Requires an M.D. degree, special training and experience in internal medicine, three years experience in chest diseases and eligible for certification by American Board in internal medicine. Salary range $21,384 to $24,744 plus excellent state civil service benefits. Inquire by contacting Personnel Officer, Department of Social and Health Services, Division of Health, P.O. Box 709, Olympia, Washington 98501. Telephone (206) 753-5904.

SERVICES AVAILABLE

ANESTHETIST, experienced in outpatient anesthesia techniques on free lance basis for offices and clinics in San Francisco area. Call Eula Walters, C.R.N.A., (415) 752-6589, 219 Spruce Street, San Francisco.

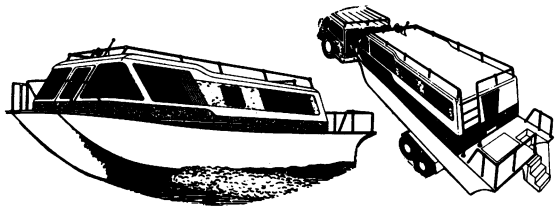
MISCELLANEOUS

PLASTIC/COSMETIC surgical post-graduate training programs available. R. J. Cavanaugh, M.D., 6010 Wilshire Boulevard, Los Angeles, Ca. 90036.

VACATION RENTAL

HAWAIIAN (Hanalei, Kaual) VACATION BEACH HOME for only $500.00 per month. Old Hawaiian atmosphere, away from crowded beaches. Excellent skin diving, swimming and beaches. Weekly rate $150.00. For details, pictures and information write Cal Med Box 9194.

FOR SALE



NEW 28' LAND N' SEA CRAFT—A trailerable house cruiser that sleeps 7 adults in 3 private compartments. . . . "Your vacation home away from home." . . . 28' length, 8' beam. Completely trailerable. Powerful 200 H.P. V-8 stern drive—pulls water skiers. Speeds over 30 mph. Fully self contained mobile home on land. Deep "V" seaworthy cruiser on water. Deluxe kitchen, bathroom incl. shower, hot and cold running water, wall-to-wall carpet, etc. Pull up to any beach—launch from any boat ramp. 200 H.P. V-8. Trailer optional. For free brochure: Write Land N' Sea Craft, Inc., 1813 S. Tenth St., Dept. C, San Jose, Ca. 95112 or call 295-6530.

OFFICES FOR LEASE, RENT OR SALE

SANTA BARBARA, CALIF. Established ultra-modern 20-suite Med. Center Bldg. in excellent location near hospitals. Inquiries confidential. John M. Richards, M.D., 1919 State St., Santa Barbara, Ca. 93101, (805) 963-1311.

SUNNYVALE, CALIFORNIA. Recently expanded Medical Building in prime location. Presently occupied by 58 physicians—dentists. Very successful medical center in a growing northern California area. Send confidential inquiries to D. H. Hale, Hare Brewer & Kelly, Inc., 200 Palo Alto Office Center, Palo Alto, Ca. 94301.

FOR LEASE in Modesto—Medical suite, modern, air conditioned. Three treatment rooms, centrally located at 215 Needham Avenue. Phone (209) 523-3571.

(Continued on page 33)

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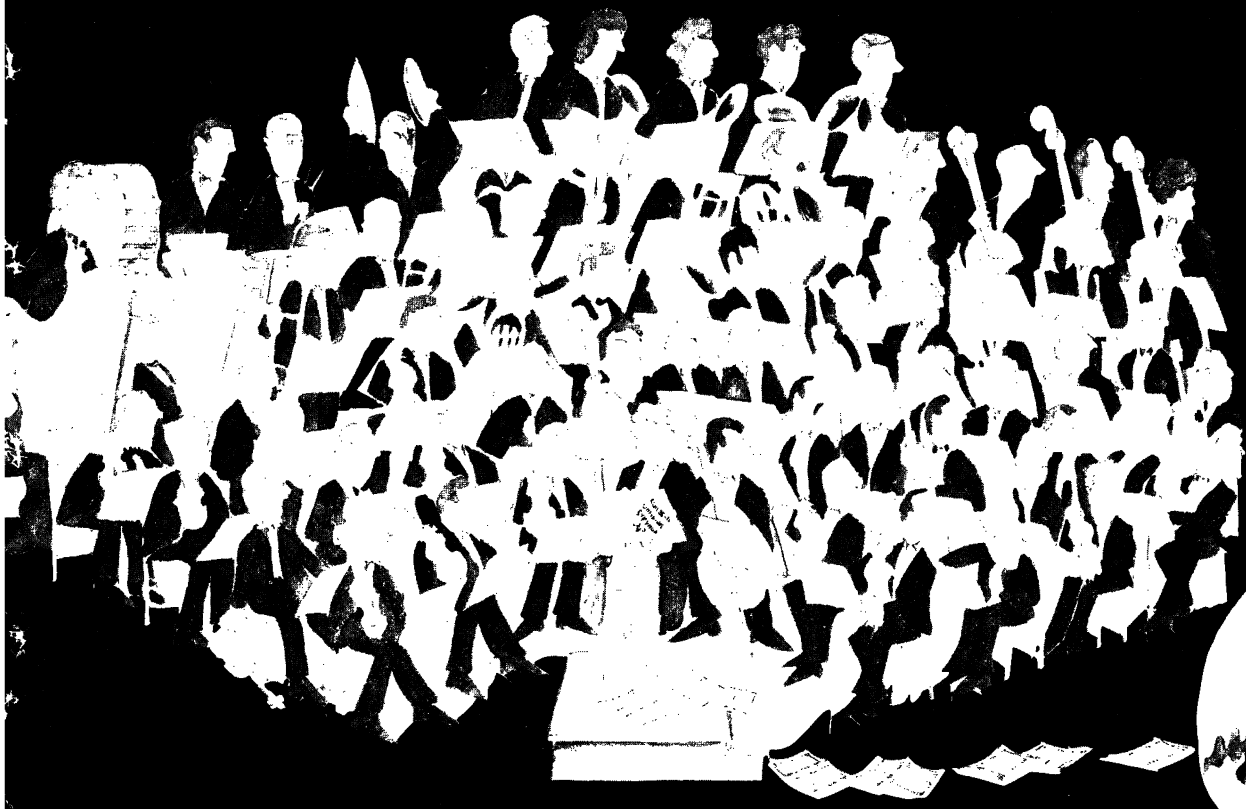
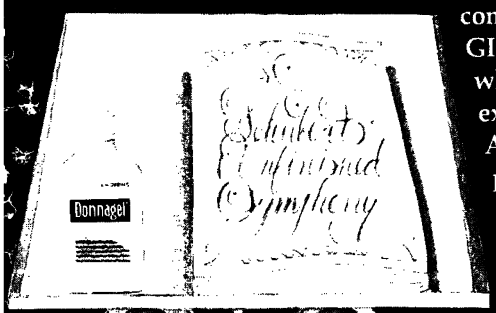


The concert was just underway,
When to the conductor's dismay
Cramps and diarrhea,
Did so quickly appear,
The maestro no longer could stay.

Because diarrhea with cramping, nausea, and painful straining can strike at the most inopportune time, it takes a comprehensive agent to treat the total diarrheal syndrome and help get the patient back on the job. That's why so many physicians rely on Donnagel, especially during the fall and winter months when "flu" and viral gastroenteritis usually hit their peak.

Donnagel is much more than just a simple kaolin-pectin combination. It also contains the belladonna alkaloids to calm GI hypermotility and help relieve the distressing discomforts which so often accompany diarrhea. Certainly it's less expensive and more convenient than taking two medications. And the dosage is lower too. Available in the handy 4-oz. plastic bottle at pharmacies everywhere on your prescription or recommendation.



When diarrhea and its discomforts separate a man from his job . . .

Donnagel®

Each fluid ounce contains: Kaolin, 6 g.; Pectin, 142.8 mg.; Hyoscyamine sulfate, 0.1037 mg.; Atropine sulfate, 0.0194 mg.; Hyoscine hydrobromide, 0.0065 mg.; Sodium benzoate (preservative), 60 mg.; Alcohol, 3.8%.

A·H·ROBINS

A. H. Robins Company,
1407 Cummings Drive,
Richmond, Va. 23220


Coughs are back...
4 FL. OZ.
Robitussin
EXPECTORANT
KEEP THIS AND ALL MEDICINES OUT OF REACH OF CHILDREN
4 FL. OZ.
Robitussin-DM
4 FL. OZ.
Cough Gumers

clear the tract with the

Robitussin® Line

The coughing season is here again. Time to rely on the four Robitussins and Cough Calmers to help clear the lower respiratory tract. All contain glyceryl guaiacolate, the efficient expectorant that works systemically to help increase the output of lower respiratory tract fluid. The enhanced flow of less viscid secretions soothes the tracheobronchial mucosa, promotes ciliary action, and makes thick, inspissated mucus less viscid and easier to raise. Available on your prescription or recommendation.

For coughs of colds and "flu"

Robitussin®

Each 5 cc. contains:

Glyceryl guaiacolate	100.0 mg.
Alcohol, 3.5%	

For unproductive allergic coughs

Robitussin A-C®

Each 5 cc. contains:

Glyceryl guaiacolate	100.0 mg.
Pheniramine maleate	7.5 mg.
Codeine phosphate	10.0 mg.
(warning: may be habit forming)	
Alcohol, 3.5%	

Non-narcotic for 6-8 hr. cough control

Robitussin-DM®

Each 5 cc. contains:

Glyceryl guaiacolate	100.0 mg.
Dextromethorphan hydrobromide	15.0 mg.
Alcohol, 1.4%	

Clears sinuses and nasal stuffiness as it relieves cough

Robitussin-PE®

Each 5 cc. contains:

Glyceryl guaiacolate	100.0 mg.
Phenylephrine hydrochloride	10.0 mg.
Alcohol, 1.4%	

Robitussin-DM in solid form for "coughs on the go"

Cough Calmers™

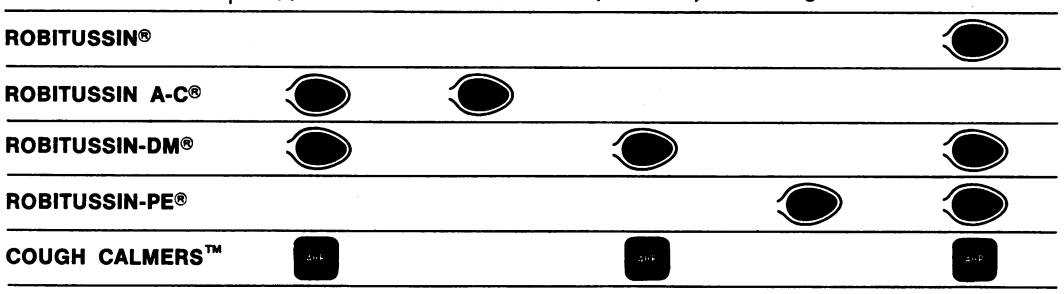
Each Cough Calmer contains:

Glyceryl guaiacolate	50.0 mg.
Dextromethorphan hydrobromide	7.5 mg.

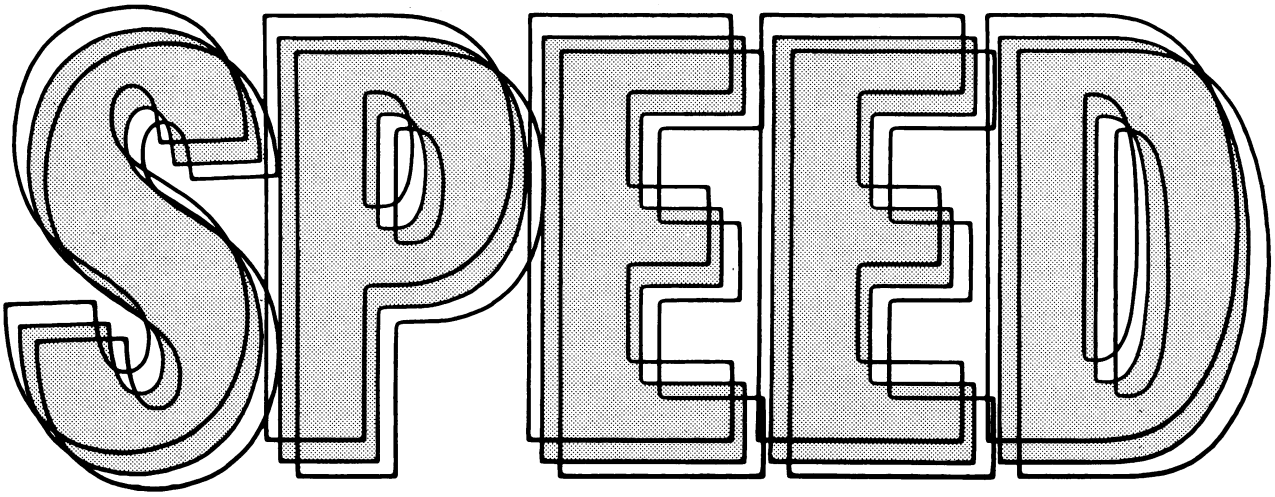
Select the Robitussin®"Clear-Tract" Formulation That Treats Your Patient's Individual Coughing Needs:

Robitussin® extra benefit chart

All 5 Robitussins have an EXPECTORANT-DEMULCENT action. Keep this handy chart as a guide in selecting the formula that provides the *extra* benefits you want for your patient.



A. H. Robins Company, Richmond, Va. 23220 A·H·ROBINS



Speed – methamphetamine – is a very dangerous drug. It is named for the speed with which its user rides to supernormal levels of excitability and wakefulness.

Speed is destroying more young minds in California than any other drug. Experts fear the illicit use of this and similar drugs will reach epidemic proportions this year.

If you are a worried parent with questions about the drug subculture, or an open-minded young person taking another look at the facts, read on...

What is Speed?

It is such a dangerous drug that the medical profession limits its use to emergencies such as controlling blood pressure during surgery.

When Speed is used indiscriminately, it over-activates the physical and nervous system – with drastic and unpredictable results.

How does Speed work?

The hardened Speed user takes his drug the same way as the heroin-user – by injection. He then experiences a "rush" up to a "high" – an euphoric condition that can be maintained for as long as a week by repeated mainlining.

On a "speed binge" the user often stays awake for days. His appetite for food or drink is suppressed. His tolerance to the drug builds rapidly, so from an initially small dose he may shoot from 1000 to 5000 milligrams daily – far greater than a doctor will administer in the operating room.

As his "run" progresses, the speed user becomes more restless and disoriented. He may become uncontrollable and harm himself and others. His brain, heart and liver are all under heavy strain. If he can't take this punishment, he may die from overdosage – or from impurities in the drug itself – or from violence resulting from his psychotic condition.

At an unpredictable point, he stops shooting. This may be because of fatigue, panic, or simply because his supply runs out. The "crash" comes as he drops rapidly from a hyperexcitable state to one of extreme exhaustion. If he's a hard-core addict he may accelerate his crash with "downers"—usually barbiturates which are also frequently addicting. He may sleep for 24 to 48 hours, eat ravenously on awakening, then go into a state of extreme depression. This can be so severe and intolerable that he may take off on another run.

Why and where do users go for Speed?

Speed-users generally fall into two categories: experimental and compulsive.

An alarming number of young experimenters graduate to the compulsive use, in contrast to the original Haight-Ashbury hippies who used marijuana and LSD for "creative and religious experiences." Eventually this repeated consumption can lead to drug-dependence.

Speed is being synthesized illegally in black market laboratories and is becoming more readily available through dealers. Often it is "cut" with sugar or in fact any white powder to make the supply stretch, and thus make the sale more profitable to the dealer.

When made by amateurs under unsanitary conditions, contamination is often present, the common side effects being abscesses, blood poisoning and hepatitis from unsterile needles. So the medical profession is faced with both physical and psychiatric problems in treating the "speed freak."

What can you do about it?

According to former drug-users who are working with clinical teams to help addicts kick the habit, there are three basic steps one can take in coping with the growing drug problem:

First: *Get the facts on what drugs are really doing to people. Facts. Not hearsay.*

Second: *Consider the clinical evidence. Then take a stand based on knowledge rather than emotion.*

Third: *Involve yourself. Get together with others in your community who are concerned about the drug problem. Groups are forming throughout the state to help young people help themselves.*

If you or someone close to you has a drug problem, write for further information:

Drug Abuse Information

693 Sutter Street
San Francisco, California 94102

Diets to reduce cholesterol levels can show a marked improvement in patient acceptance with Saffola® products.

Patients enjoy the light, delicate flavor of all Saffola products. This flavor comes from safflower oil, Saffola's principal ingredient. Safflower oil produces superior mayonnaise and margarine. As a salad and cooking oil, it's unexcelled. And safflower oil is 30% higher in poly-unsaturates than corn oil. If you would like further information, please write to Pacific Vegetable Oil Corporation, World Trade Center, San Francisco, California 94111.

Consultants for *California Medicine* in 1970

The editors wish to acknowledge with appreciation the valued services, beyond those of members of the Editorial Board, given by the following persons to the Journal during the past year.

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CONTINUING MEDICAL EDUCATION ACTIVITIES IN CALIFORNIA AND HAWAII

(*Formerly* WHAT GOES ON)

COMMITTEE ON CONTINUING MEDICAL EDUCATION

THIS BULLETIN of information regarding continuing education programs and meetings of various medical organizations in California and Hawaii is supplied by the Committee on Continuing Medical Education of the California Medical Association. It is funded through a National Institutes of Health grant to the California Committee on Regional Medical Programs; Grant No. 3 S02 RM-00019 01S1. In order that they may be listed here, please send communications relating to your future meetings or postgraduate courses to Committee on Continuing Medical Education, California Medical Association, 693 Sutter Street, San Francisco 94102; or phone: (415) 776-9400, ext. 241.

ADOLESCENT MEDICINE

January 29-31—**Adolescent Medicine.** USC at Frontier Hotel, Las Vegas. Friday-Sunday.

ALCOHOLISM AND DRUG USE

February 20-21—**Drug Addiction.** UCSF at Mendocino State Hospital, Talmage. Saturday-Sunday.

CANCER

January 7-9—**National Conference on Colon and Rectal Cancer.** American Cancer Society at Hotel del Coronado, Coronado. Thursday-Saturday. Pathogenesis, Etiology and Host Factors, Management of Colon and Rectal Cancer and Polyps, Rehabilitation. 17 hrs. Contact: Roald N. Grant, M.D., Vice Pres. for Professional Education, ACS, 219 E. 42nd St., New York 10017. (212) 867-3700.

January 8-9—**Childhood Cancer—Emotional Considerations.** American Cancer Society and Childrens Hospital of Los Angeles at Childrens Hospital of Los Angeles. Friday-Saturday. $5. 10 hrs. Contact: Childhood Cancer Symposium, ACS, Los Angeles County Branch, 1550 West Eighth St., Los Angeles 90017. (213) 387-4201, ext. 39 or 55.

January 13—**Tumors of the Lungs.** LLU. Wednesday. $25. 8 hrs.

January 15-16—**Current Concepts of Medical Oncology.** Mt. Zion Hospital at Sir Francis Drake Hotel, San Francisco. Friday-Saturday. $40. Contact: Mrs. Ann Raisbeck, Medical Cancer Service, Mt. Zion Hospital, 1600 Divisadero, San Francisco 94115. (415) 567-6600, ext. 196.

February 10—**Cancer: Chemotherapy or Surgery.** PMC. Wednesday.

Continuously—**Tumor Board—Harbor General Hospital.** CRMP Area IV and Harbor General Hospital at Pathology Conference Room, Harbor General Hospital, Torrance. Fridays 2-3 p.m. Advice and consultation from specialists in surgical, medical, and radiotherapeutic treatment of cancer. Practicing physicians invited to have patients presented for discussion. Contact: Malin Dollinger, M.D., Chairman, Tumor Board, Harbor General Hospital, 1000 W. Carson St., Torrance 90509. (213) 328-2380, ext. 1257.

MEDICINE

January 4-22—**Coronary Care for Physicians Training Program.** CRMP Area IV and Cedars-Sinai Medical Center at Cedars of Lebanon Hospital, Los Angeles. Three week course designed for practicing internists or cardiologists who will subsequently be working in or directing CCU in community hospitals. Electrocardiography, physical diagnosis, CCU planning and ad-

KEY TO ABBREVIATIONS AND SYMBOLS

Medical Centers and CMA Contacts for Information

CMA: California Medical Association
Contact: Continuing Medical Education, California Medical Association, 693 Sutter Street, San Francisco 94102. (415) 776-9400, ext. 241.

LLU: Loma Linda University
Contact: John E. Peterson, M.D., Associate Dean for Continuing Medical Education, Loma Linda University School of Medicine, Loma Linda 92354. (714) 796-7311.

PMC: Pacific Medical Center
Contact: Arthur Selzer, M.D., Chairman, Education Committee, Pacific Medical Center, Clay and Webster Streets, San Francisco 94115. (415) 931-8000.

STAN: Stanford University
Contact: John L. Wilson, M.D., Chairman on Postgraduate Education, Stanford University School of Medicine, 300 Pasteur Drive, Stanford 94305, (415) 321-1200, ext. 5594.

UCD: University of California, Davis
Contact: George H. Lowrey, M.D., Professor and Chairman, Department of Postgraduate Medicine, University of California, Davis, School of Medicine, Davis 95616. (916) 752-3170.

UCI: University of California — California College of Medicine, Irvine
Contact: Donald W. Shafer, M.D., Assistant Coordinator, Continuing Medical Education, Regional Medical Programs, University of California, Irvine —California College of Medicine, Irvine 92664. (714) 833-5991.

UCLA: University of California, Los Angeles
Contact: Donald Brayton, M.D., Associate Dean and Head, Continuing Education in Medicine and the Health Sciences, 15-39 Rehabilitation Center, UCLA Center for the Health Sciences, Los Angeles 90024. (213) 825-7241.

UCSD: University of California, San Diego
Contact: Michael Shimkin, M.D., Associate Dean for Health Manpower, 1309 Basic Sciences Building, University of California, San Diego, School of Medicine, La Jolla 92037. (714) 453-2000, ext. 2704.

UCSF: University of California, San Francisco
Contact: Seymour M. Farber, M.D., Dean, Educational Services and Director, Continuing Education, Health Sciences, University of California, San Francisco Medical Center, San Francisco 94122. (415) 666-1692.

USC: University of Southern California
Contact: Phil R. Manning, M.D., Associate Dean, Postgraduate Division, University of Southern California School of Medicine, 2025 Zonal Avenue, Los Angeles 90033. (213) 225-1511, ext. 203.

ministration, electrolytes and acid-base metabolism, emphasis on practical techniques. $250. Contact: Herbert Stein, M.D., Coronary Care for Physicians Training Programs, Dept. of Cardiology, Cedars of Lebanon Hospital, Box 54265, Los Angeles 90029. (213) 662-9111, ext. 306.

January 7-9—**Core Curriculum: Physiology of the Heart and Vascular System.** American College of Cardiology at Cedars-Sinai Medical Center, Los Angeles. Thursday-Saturday. Contact: Miss Mary Anne McInerny, ACC, 9650 Rockville Pike, Bethesda, Md. 20014. (301) 530-1600.

January 9—**Cardiopulmonary Emergencies.** PMC. Saturday.

January 16—**Clinical Gastroenterology.** Marys Help Hospital, Daly City. Saturday. Contact: Staff Secretary, Gastroenterology, Marys Help Hospital, 1900 Sullivan Ave., Daly City 94105. (415) 992-4000.

January 20—**15th Annual Midwinter Symposium for Researchers.** Los Angeles County Heart Association at Hilton Hotel, Los Angeles. Wednesday. 6 hrs. Contact: Joyce Martin, Program Associate, LACHA, 2405 W. Eighth St., Los Angeles 90057. (213) 385-4231.

January 20-22—**Postgraduate Symposium on Pediatric Endocrinology.** American Academy of Pediatrics at Memorial Hospital of Long Beach, Long Beach. Wednesday-Friday. 8 hrs. Contact: H. David Mosier, Jr., M.D., Professor of Pediatrics, UCI. (714) 663-9393, ext. 595.

January 26-28—**Third Annual Cerebral Function Symposium.** Annual Cerebral Function Symposium at Hotel del Coronado, Coronado. Tuesday-Thursday. Hemispherectomy and Cerebral Function. $50. Contact: W. Lynn Smith, Ph.D., The Annual Cerebral Function Symposium, Franklin Medical Center, 2045 Franklin, Suite 1120, Denver 80205. (303) 534-0903.

January 27—**New Techniques in Diagnosis and Treatment of Cerebral Vascular Disease.** LLU. Wednesday. $25. 8 hrs.

January 30—**Pathogenesis and Management of Fluid and Electrolyte Imbalance.** PMC. Saturday.

February 5-6—**Evaluation and Management of Neuromuscular Diseases.** UCD at Sahara Tahoe Hotel, Lake Tahoe. Friday-Saturday. $40. 11 hrs.

February 12-13—**American College of Physicians—Northern California and Nevada Regional Meeting.** Fairmont Hotel, San Francisco. Friday-Saturday. $5. 11 hrs. Contact: John R. Gamble, M.D., Governor for Northern California and Nevada, ACP, 655 Sutter Street, San Francisco 94102. (415) 673-4080.

February 17-19—**Medical Complications in Pregnancy.** See Ob-Gyn, February 17-19.

February 19-20—**American College of Physicians—Southern California Regional Meeting.** Friday-Saturday. Contact: Edward E. Boland, M.D., Governor for Southern California, ACP, 321 N. Larchmont Blvd., Los Angeles 90004. (213) 462-1281.

February 24-25—**Critical Care Medicine and Circulatory Shock.** USC at Hilton Hotel, Los Angeles. Wednesday-Thursday.

February 24-26—**7th Annual Course on the Evaluation of Pulmonary Function.** Tuberculosis and Respiratory Disease Association of California at Town and Country Inn, Mission Valley, San Diego. Wednesday-Friday. $100 members of American Thoracic Society, $125 others. 24 hrs. Contact: Miss Louise Ratcliff, TARDAC, 424 Pendleton Way, Oakland 94621. (415) 636-1756.

February 25-27—**Pediatric Nephrology.** See Pediatrics, February 25-27.

February 27—**Advances in Diagnosis and Treatment of Angina Pectoris.** PMC. Saturday. 8 hrs.

Continuously—**Continuing Education in Internal Medicine—Harbor General Hospital.** CRMP Area IV and Harbor General Hospital at Harbor General Hospital, Torrance. Thursdays 12-1 p.m. Systematic review of internal medicine, lectures by faculty and visiting professors. Contact: Malin Dollinger, M.D., Program Dir., Harbor General Hospital, 1000 W. Carson St., Torrance 90509. (213) 328-2380, ext. 1257.

Continuously—**Coronary Care Unit Training for Physicians.** CRMP Area VI and San Bernardino County General Hospital at San Bernardino County General Hospital. Four week courses at monthly intervals, scheduled by arrangement. For practicing physicians working in and directing CCU's. Bedside care, electrocardiography, physical diagnosis, clinical history, therapy, insertion of pacemakers, cardioversion. 160 hrs. Contact: Carl L. Cook, Jr., M.D., San Bernardino County General Hospital, 780 E. Gilbert St., San Bernardino 92404. (714) 885-3411.

Continuously—**Training for Physicians in Nephrology.** CRMP Area VI and LLU at LLU. Courses of four weeks or more available, to be scheduled by arrangement. Bedside conferences, clinical care and management. Hemodialysis, peritoneal dialysis, renal biopsy and kidney transplantation. 160 hrs. Contact: Stewart W. Shankel, M.D., LLU.

Continuously—**Training for Physicians in General Internal Medicine.** CRMP Area VI and LLU at LLU. Four weeks or more, scheduled by arrangement. Bedside and classroom training, practical aspects of clinical care and management. 160 hrs. Contact: LLU.

Continuously—**Basic Home Course in Electrocardiography.** One year postgraduate series, ECG interpretation by mail. Physicians may register at any time. $100 (52 issues). Contact: USC.

Continuously—**Training in the Procedure of Tonometry.** Northern California Society for the Prevention of Blindness at the Glaucoma Screening Clinic, San Francisco. Weekly Saturday morning program in tonometry for internists and general practitioners. Advance appointment required, no charge. 3 hrs. Contact: Frederic S. Weisenheimer, Ed.D., Exec. Dir., NCSPB, 4200 California St., San Francisco 94118. (415) 387-0934.

Continuously—**Medico-Surgical Cardiovascular Seminar.** Palo Alto VA Hospital, Palo Alto. First Thursday of each month, lectures, demonstrations, seminar discussion, and rounds. Designed specifically for a selected group of physicians from the Fresno area. Other physicians invited to participate. Contact: William

Angell, M.D., Division of Cardiovascular Surgery, Dept. of Surgery, Palo Alto VA Hospital, 3901 Miranda Ave., Palo Alto 94306. (415) 326-5600.

Continuously—**Cardiology Conferences—CRMP Area III.** Second Wednesday monthly, 2:30-5:30 p.m. at Room M112, Stanford Medical Center, Stanford. Conferences including case presentations of local complicated cardiological problems. Contact: William J. Fowkes, Jr., M.D., 703 Welch Road, Suite G1, Palo Alto 84304. (415) 321-1200, ext. 6015.

Grand Rounds—Medicine

Tuesdays

8:30-10:00 a.m., Assembly Hall, Harbor General Hospital, Torrance. UCLA.

Wednesdays

8:00 a.m., A Level Amphitheater, LLU Hospital, LLU.

Neurology. 8:00 a.m., Sacramento Medical Center, Sacramento. UCD.

10:30-12:00 noon. Auditorium, Medical Sciences Building. UCSF.

11:00 a.m., Room 1645, Los Angeles County-USC Medical Center. USC.

12:30 p.m., Auditorium, School of Nursing, Orange County Medical Center. UCI.

12:30-1:30 p.m., University Hospital, UCSD.

12:30-1:30 p.m., Building 22, VA Hospital, Sepulveda.

Thursdays

8:00 a.m., Sacramento Medical Center, Sacramento. UCD.

10:30-12:00 noon, Room 33-105, UCLA Medical Center. UCLA.

Fridays

8:00 a.m., Courtroom, Third Floor, Kern County General Hospital, Bakersfield. CRMP Area IV.

8:30 a.m., Auditorium, Lebanon Hall, Cedars of Lebanon Hospital, Los Angeles. CRMP Area IV.

Neurology. 10:15 a.m., held alternately at Stanford University Hospital and Neurology Conference Building 7, VA Hospital, Palo Alto. STAN.

1st and 3rd Fridays, 11:00 a.m., Auditorium, Brown Building, Mount Sinai Hospital, Los Angeles. CRMP Area IV.

1:15 p.m., Lieb Amphitheater, Timken-Sturgis Research Bldg., La Jolla. Scripps Clinic and Research Foundation.

Rheumatology. 11:45 a.m., Room 6441, Los Angeles County-USC Medical Center, Los Angeles. USC.

MENTAL RETARDATION

February 8-19—**Mental Retardation Workshop.** UCLA and Pacific State Hospital, Pomona, at UCLA Neuropsychiatric Institute. Two weeks. For physicians and allied professionals. Causation, symptomatology, care, treatment and management, diagnostic techniques suitable for office practice, parental reactions and intra-family psycopathology, recent research findings. 80 hrs. Contact: UCLA.

OBSTETRICS AND GYNECOLOGY

January 22-24—**Therapeutic Abortion — Implementation.** UCLA. Friday-Sunday.

February 6—**The Role of the Community Hospital—Obstetrics.** UCSF at Childrens Hospital and Adult Medical Center, San Francisco. Saturday.

February 6-7—**Obstetrical and Gynecological Forum.** Los Angeles Obstetrical and Gynecological Society at Beverly Hilton Hotel, Beverly Hills. Saturday-Sunday. Amenorrhea, Steroid Therapy, Genetics, Induction of Ovulation, IUD, Abortion, Sterilization, Breast Cancer, Resuscitation of the Newborn, Small for Dates Baby, Ovarian Cancer. $30. 14 hrs. Contact: Dee Davis, Exec. Sec., LAOGS, 5410 Wilshire Blvd., Los Angeles 90036. (213) 931-1621.

February 17-19—**Medical Complications in Pregnancy.** USC and the American College of Physicians at USC. Wednesday-Friday. Cardiovascular disease, hypertension, diabetes and anemia occurring in pregnancy. Contact: USC.

Grand Rounds—Obstetrics and Gynecology

Mondays

10-11:30 a.m., Assembly Room, First Floor, Harbor General Hospital, Torrance. UCLA.

11:30 a.m., First Floor Auditorium, Room 13-105, UCLA Medical Center. UCLA.

12:00 noon, A Level Amphitheater, LLU Hospital, LLU

Wednesdays

8:00 a.m., Conference Room, Sacramento Medical Center, Sacramento. UCD.

Fridays

8 a.m., Auditorium, Orange County Medical Center. UCI.

PEDIATRICS

January 8-9—**Childhood Cancer — Emotional Considerations.** See Cancer, January 8-9.

January 20-22—**Pediatric Endocrinology.** See Medicine, January 20-22.

January 29-31—**Ninth Annual Clinical Conference in Pediatric Anesthesiology.** See Anesthesiology, January 29-31.

February 11—**Tenth Annual Parmelee Memorial Lecture.** Los Angeles Pediatric Society and American Academy of Pediatrics, California Chapter II at Los Angeles County Medical Association Building, Los Angeles. Thursday. Emergency Treatment of the Newborn Infant in the Delivery Room. Contact: Mrs. Eve Black, Exec. Sec., LAPS, P.O. Box 2022, Inglewood 90305. (213) 753-3704.

February 25-27—**Pediatric Nephrology.** UCSF. Thursday-Saturday.

February 26-28—**Second Annual Southern California Pediatric Postgraduate Course.** American Academy of Pediatrics, Chapter II, District IX; Childrens Hospital of Orange County; Los Angeles Pediatric Society; Southwestern Pediatric Society; and Childrens Hos-

pital of Los Angeles at El Mirador Hotel, Palm Springs. Friday-Sunday. $50. 15 hrs. Contact: Neil N. Litman, M.D., Program Chairman, 5830 Overhill Drive, Los Angeles 90043. (213) 291-1161.

Grand Rounds—Pediatrics

Tuesdays

8:00 a.m., Childrens Hospital Medical Center, Oakland.

8:30 a.m., Auditorium, Childrens Division Building, Los Angeles County-USC Medical Center, Los Angeles. USC.

8:30 a.m., Room 4-A, Kern County General Hospital, Bakersfield. CRMP Area IV.

8:30 a.m., Pathology Auditorium, San Francisco General Hospital.

12:00 noon, A Level Amphitheater, LLU Hospital, LLU.

Wednesdays

8-9:00 a.m., held alternately at Auditorium, Orange County Medical Center and Auditorium, Childrens Hospital of Orange County. UCI.

8:30 a.m., Bothin Auditorium, Childrens Hospital, San Francisco.

Thursdays

8:30-10:00 a.m., Room 664, Science Building, UCSF.

8:30-9:30 a.m., Lebanon Hall, Cedars of Lebanon Hospital, Los Angeles.

8:30 a.m., First Floor Auditorium, Harbor General Hospital, Torrance.

Fridays

8:00 a.m., Lecture Room, A Floor, Health Sciences Center, UCLA. CRMP Area IV.

8:00 a.m., Sacramento Medical Center, Sacramento. UCD.

8:30 a.m., Room M104, Stanford University Medical Center, STAN.

8-9:00 a.m., Lecture Hall, Childrens Hospital of Los Angeles.

Infectious Disease. 10:00 a.m., Auditorium, Childrens Division Building, Los Angeles County-USC Medical Center, Los Angeles. USC.

PSYCHIATRY

January 11—**Counseling Couples with Sexual Problems.** USC Division of Postgraduate Psychiatry at USC. Mondays through March 15. Contact: Donald H. Naftulin, M.D., Dir., Postgraduate Psychiatry, USC. (213) 225-1511, ext. 336.

January 15-17—**The Family—A Bridge to the Community.** USC Division of Postgraduate Psychiatry at Erwan Hotel, Indian Wells. Friday-Sunday. Contact: Donald H. Naftulin, M.D., Dir., Postgraduate Psychiatry, USC. (213) 225-1511, ext. 336.

February 3-6—**American Group Psychotherapy Association.** International Hotel, Los Angeles. Wednesday-Saturday. Contact: Marilyn Schiff, AGPA, 1790 Broadway, New York 10019.

February 6—**Suicide Prevention—A Public Responsibility.** UCSF. Saturday.

February 20-21—**Psychiatric Evaluation of the Child.** UCSF at Mendocino State Hospital, Talmage. Saturday-Sunday.

February 20-21—**Drug Addiction.** UCSF at Mendocino State Hospital, Talmage. Saturday-Sunday.

February 23—**Clinical Psychiatry.** UCLA. Tuesdays through May 11.

February 26-28—**Hypnosis: Therapy and Practice.** UCLA. Friday-Sunday.

Grand Rounds—Psychiatry

Wednesdays

10:30 a.m., Sacramento Medical Center, Sacramento. UCD.

RADIOLOGY—PATHOLOGY

January 9—**Scintillation Camera Workshop.** UCSF. Saturday.

January 30-31—**Midwinter Radiological Conference.** Los Angeles Radiological Society at International Hotel, Los Angeles. Saturday-Sunday. Diagnosis, Therapy, Nuclear Medicine. $30. Contact: J. Stanley Lance, M.D., 100 Congress St., Pasadena 91105. (213) 796-0381.

February 2-4—**Radiology Symposium.** USC at El Mirador Hotel, Palm Springs. Tuesday-Thursday.

Continuously—**UCSF Radiology Rounds, Seminars, and Conferences.** Weekly meetings October-May. Department of Radiology, UCSF. Open to all physicians without charge. Radiology Chest Conferences, Angiocardiography Rounds, Diagnostic Radiology Seminars, Neuroradiology Seminars, Radiation Therapy Seminars. For schedule information contact: UCSF.

Continuously—**Principles and Clinical Uses of Radioisotopes.** UCSF. Fundamentals for the proper understanding and use of radioactivity in clinical medicine. Training in diagnostic and therapeutic uses of radioisotopes. Normal period of training: 3 months. Two part course: Part A, Basic Fundamentals; Part B, Clinical Applications.

Grand Rounds—Radiology-Pathology

Mondays

Pathology. 12:30 p.m., Sacramento Medical Center, Sacramento. UCD.

Fridays

Neuroradiology. 9:30 a.m., held alternately at Stanford University Hospital and Neurology Conference Building 7, VA Hospital, Palo Alto, STAN.

SURGERY—ANESTHESIOLOGY

January 18-22—**Intensive Course in Otologic Surgery.** Los Angeles Foundation of Otology, USC and St. Vincents Hospital, Los Angeles. Monday-Friday. Otosclerosis surgery and chronic ear disease, inner ear problems, glomus tumors, facial nerve paralysis. $300. Contact: Glenn R. Snyder, Managing Dir., Los Angeles Foundation of Otology, 2130 W. Third St., Los Angeles 90057. (213) 483-4431.

January 25-29—**Fortieth Annual Mid-Winter Convention in Ophthalmology and Otolaryngology.** Research Study Club of Los Angeles at Hilton Hotel, Los Angeles. Monday-Friday. $100. 46 hrs. Contact: Norman Jesberg, M.D., Treas., RSCLA, 1136 West Sixth St., Los Angeles 90017. (213) 482-9742.

January 29-31—**Ninth Annual Clinical Conference in Pediatric Anesthesiology.** Childrens Hospital of Los Angeles, Los Angeles. Friday-Sunday. $75. 20 hrs. Contact: Wayne Herbert, M.D., Program Dir., CHLA, 4650 Sunset Blvd., Los Angeles 90054. (213) 663-3341.

January 30-31—**Orthopedic Surgery.** UCLA. Saturday-Sunday.

January 31-February 3—**Theodore Billroth Course in Surgical Anatomy.** LLU. Sunday-Wednesday. $175. 32 hrs.

February 1-6—**Intensive Review, Orthopedic Surgery.** J. Vernon Luck Research Society at Orthopedic Hospital, Los Angeles. Monday-Saturday. $200. 56 hrs. Contact: Chad Smith, M.D., Orthopedic Hospital, 2400 South Flower St., Los Angeles 90007. (213) 747-4481, ext. 292.

February 6—**Surgical Emergencies.** PMC. Saturday.

February 12—**Minor Vascular Repair.** PMC. Friday.

February 26-27—**Retinal Surgery.** UCSF. Friday-Saturday.

Grand Rounds—Surgery

Tuesdays

Orthopedic Surgery. 9:00 a.m., Sacramento Medical Center, Sacramento. UCD.

Urology. 7:30 a.m., Sacramento Medical Center, Sacramento. UCD.

Wednesdays

7:15 a.m., Auditorium, Kern County General Hospital, Bakersfield. CRMP Area IV.

1st and 3rd Wednesdays. 11:00 a.m., Auditorium, Brown Building, Mount Sinai Hospital, Los Angeles. CRMP Area IV.

3:00 p.m., Sacramento Medical Center, Sacramento. UCD.

Thursdays

Neurology and Neurosurgery. 11:00-12:15, Room 663, Science Building, UCSF.

Fridays

1-2:00 p.m., Auditorium, Orange County Medical Center, Orange. UCI.

Neurosurgery. 11:15 a.m., held alternately at Stanford University Hospital and Neurology Conference Building 7, VA Hospital, Palo Alto, STAN.

Saturdays

8:00 a.m., Auditorium, 1st floor, University Hospital of San Diego County, San Diego. UCSD.

9:00 a.m., Room 73-105, Health Sciences Center, UCLA. CRMP Area IV.

8:30 a.m., Assembly Room, Harbor General Hospital, Torrance. CRMP Area IV.

OF INTEREST TO ALL PHYSICIANS

CMA Postgraduate Institutes and Circuit Courses

January 28-29—**Southern Counties Regional Postgraduate Institute.** CMA, UCI and Orange County Medical Society at El Mirador Hotel, Palm Springs. Thursday-Friday. $20. Contact: CMA.

February 15, 16, 17—March 8, 9, 10—**Annual Postgraduate Circuit Courses—Spring Session.** CMA and UCD at Mt. Shasta Community Hospital, Mt. Shasta; Enloe Memorial Hospital, Chico; and Auburn Faith Hospital, Auburn. $20 for Spring Session. Contact: CMA.

January 6-9—**Second Annual Conference on the Physician and the Hospital.** USC at Asilomar, Pacific Grove. Wednesday-Saturday. $125.

January 14-15—**Drug Therapy.** UCSF. Thursday-Friday.

January 18-23—**Family Practice Refresher Course.** UCI at Newporter Inn, Newport Beach. One week. $150. 50 hrs. Course to be repeated. Contact: Robert E. Rakel, M.D., Chairman, Family Practice Program, UCI. (714) 548-0651.

January 21-22—**Sports Medicine.** USC at Century Plaza Hotel, Los Angeles. Thursday-Friday.

January 25-30—**Family Practice Refresher Course.** See January 18-23.

January 22-23—**New and Old Antibiotics.** USC. Friday-Saturday.

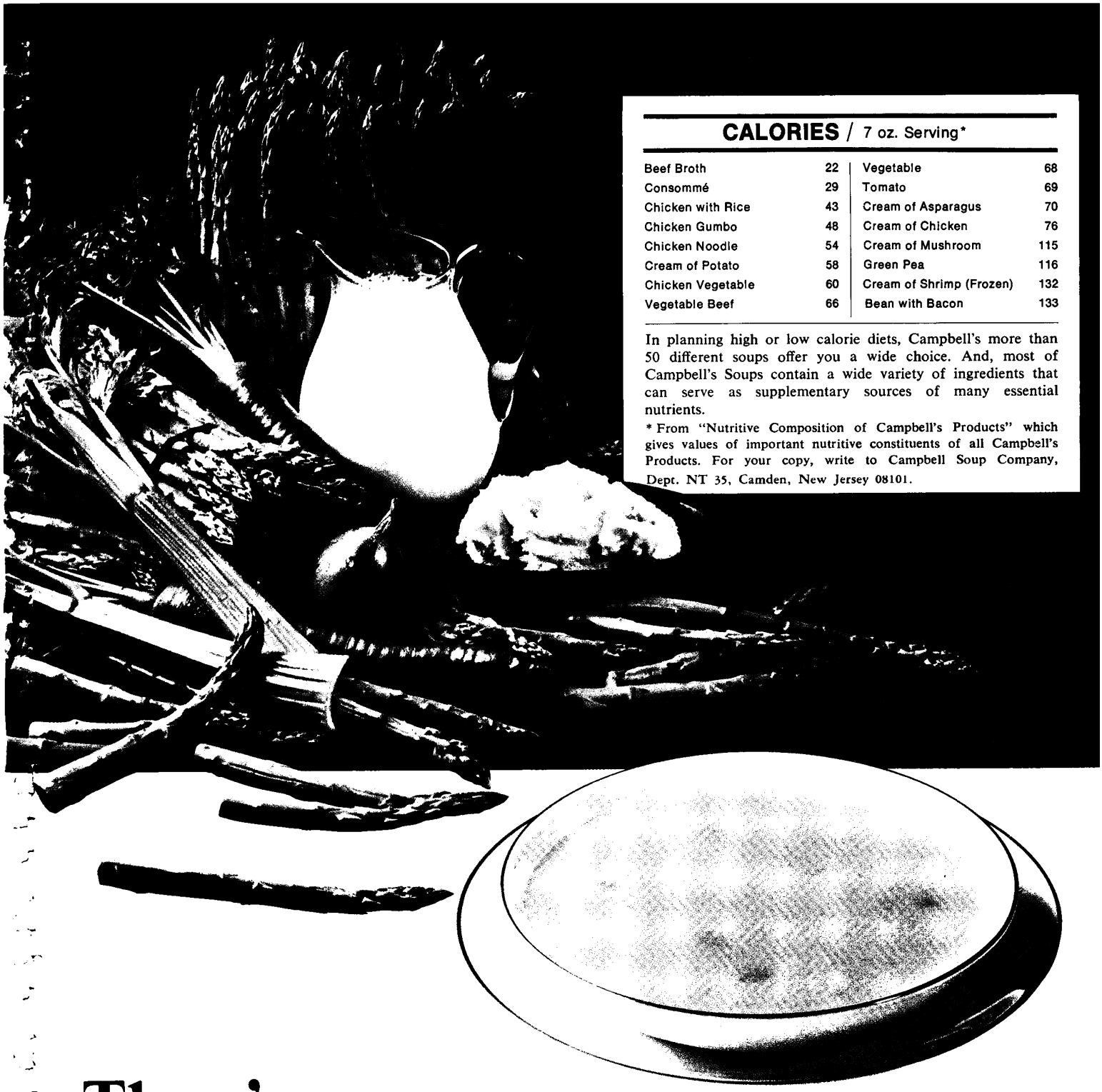
January 23-24—**Legal and Organizational Problems in Medical Practice: A Symposium for Medical Assistants.** UCSF. Saturday-Sunday.

January 31—**Symposium—Immunologic Problems in Clinical Practice.** San Diego County Medical Society, Lederle Laboratories and American Academy of General Practice at El Cortez Hotel, San Diego. Sunday. Pathogenesis of Glomerulonephritis, chronic viral infections and auto-immune response, genetics and immunology, genetic counseling in OB practice, current status of tumor immunity, renal transplant, immunoglobins and clinical significance of their determination, immunizations against infectious diseases. 5 hrs. Contact: Woodbury Perkins, M.D., Mercy Hospital, 4077 Fifth Ave., San Diego 92103. (714) 298-4141.

February 1-12—**Family Practice.** USC. Two weeks.

February 10-12—**Course for Physicians in General Practice.** UCSF at Mt. Zion Hospital, San Francisco. Wednesday-Friday.

February 19-25—**Loma Linda Postgraduate Assembly.** LLU Alumni Association at LLU and Ambassador Hotel, Los Angeles. Friday-Thursday. Cardiology, Ophthalmology, Dermatology, Pediatrics, Internal Medicine, Surgery, Neurology, Radiology, Business, Orthopedics, Plastic Surgery and Inhalation Therapy. $50. 15 hrs. Contact: Paul H. Deeb, M.D., General Chairman, 1832 Michigan Ave., Los Angeles 90033. (213) 262-2173.



CALORIES / 7 oz. Serving*

Beef Broth	22	Vegetable	68
Consommé	29	Tomato	69
Chicken with Rice	43	Cream of Asparagus	70
Chicken Gumbo	48	Cream of Chicken	76
Chicken Noodle	54	Cream of Mushroom	115
Cream of Potato	58	Green Pea	116
Chicken Vegetable	60	Cream of Shrimp (Frozen)	132
Vegetable Beef	66	Bean with Bacon	133

In planning high or low calorie diets, Campbell's more than 50 different soups offer you a wide choice. And, most of Campbell's Soups contain a wide variety of ingredients that can serve as supplementary sources of many essential nutrients.

* From "Nutritive Composition of Campbell's Products" which gives values of important nutritive constituents of all Campbell's Products. For your copy, write to Campbell Soup Company, Dept. NT 35, Camden, New Jersey 08101.

There's a soup for almost every patient and diet ...for every meal and, it's made by *Campbell*

When irritable colon feels like this

The blowfish, a small species of fish, reacts to stress or fright by puffing itself up with air. After about a dozen noisy gulps the belly is balloon-shaped and hard. When replaced in the water the air is quickly expelled, and the fish sinks to the bottom.

...in the presence of spasm or hypermotility, gas distension and discomfort, **KINESED®** provides more complete relief:

☐ belladonna alkaloids—for the hyperactive bowel ☐ simethicone—for accompanying distension and pain due to gas ☐ phenobarbital—for associated anxiety and tension

Composition: Each chewable, fruit-flavored, scored tablet contains: 16 mg. phenobarbital (warning: may be habit-forming); 0.1 mg. hyoscyamine sulfate; 0.02 mg. atropine sulfate; 0.007 mg. scopolamine hydrobromide; 40 mg. simethicone.
Contraindications: Hypersensitivity to barbiturates or belladonna alkaloids, glaucoma, advanced renal or hepatic disease.
Precautions: Administer with caution to patients with incipient glaucoma, bladder neck obstruction or urinary bladder atony. Prolonged use of barbiturates may be habit-forming.
Side effects: Blurred vision, dry mouth, dysuria, and other atropine-like side effects may occur at high doses, but are only rarely noted at recommended dosages.
Dosage: Adults: One or two tablets three or four times daily. Dosage can be adjusted depending on diagnosis and severity of symptoms. Children 2 to 12 years: One half or one tablet three or four times daily. Tablets may be chewed or swallowed with liquids.

STUART PHARMACEUTICALS | Pasadena, California 91109 | Division of ATLAS CHEMICAL INDUSTRIES, INC.

(from the Greek **kinetikos,**
to move,
and the Latin **sedatus,**
to calm)

KINESED®

antispasmodic/sedative/antiflatulent

Roche announces

Efudex®

(fluorouracil) cream/solution

for the treatment of solar/actinic keratoses... a topical alternative to conventional therapy

Fluorouracil—the Roche contribution

In 1962, Roche Laboratories introduced Fluorouracil Roche® (5-fluorouracil). Early clinical work with this drug suggested that it possessed a selective cytotoxic activity when applied topically to certain kinds of lesions. Based on this work and years of clinical trials, a standardized form of topical fluorouracil can now be recommended for treatment of multiple solar or actinic keratoses.

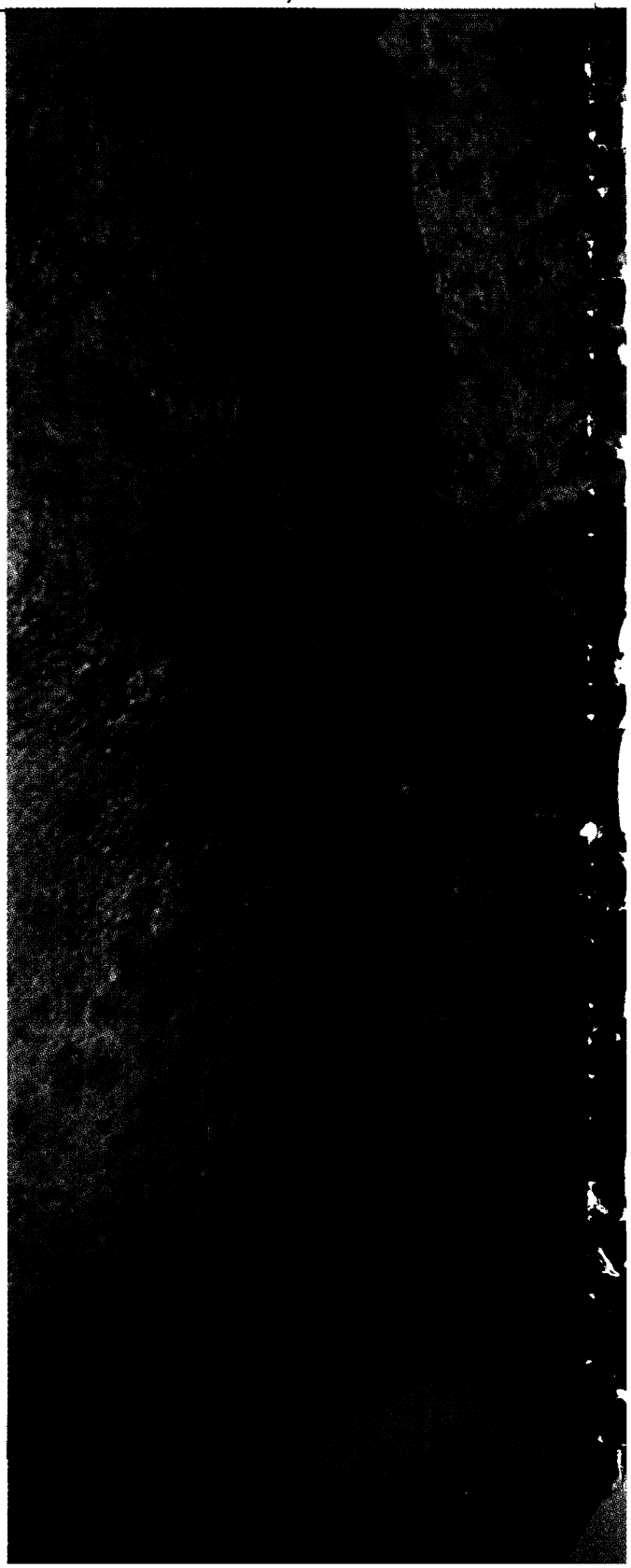
Efudex®(fluorouracil)—a new alternative to conventional therapy

Efudex presents the physician with a topical alternative to surgery in the treatment of solar or actinic keratoses. It is effective, comparatively inexpensive and especially well-suited for treatment of multiple lesions. Important, too, is the highly desirable cosmetic result. Clinical experience demonstrates that treatment with Efudex results in an extremely low incidence of scarring.*

Highly effective on first and later applications

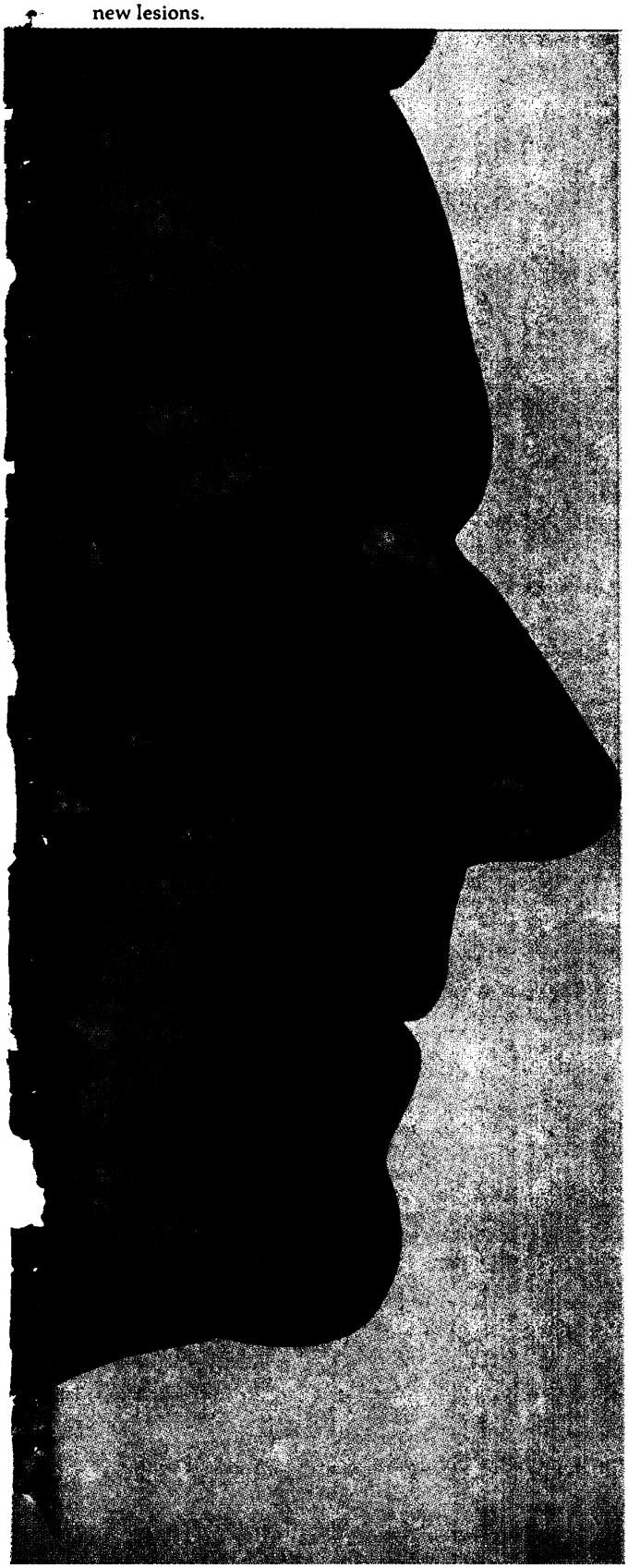
In clinical trials, depending on the dosage form and strength used, complete involution occurred in 77 to 88 per cent of lesions following treatment. The rate of recurrence was low, ranging from 1.7 to 5.6 per cent up to a year after completion of therapy. When lesions did recur or new ones appeared, repeated courses of Efudex therapy proved effective.*

1/22/68—Treatment with 5% 5-FU cream commences. Patient K.L. showing widespread but mild solar keratoses (also known as actinic keratoses).



2/2/68—After 11 days of treatment. Erythema is seen at site of keratoses. In addition, numerous lesions not apparent prior to therapy have become manifest by sharply defined reactions. Intervening skin, also treated, shows no response to therapy.

2/19/69—One year after cessation of therapy. Skin appears clear with no evidence of scarring. Examination reveals lack of recurrence or the formation of new lesions.



Predictable sequence of therapeutic response

Two to four weeks constitutes a typical course of Efudex therapy. The response is usually characteristic and predictable. After three or four days of treatment, erythema begins to appear in the area of the keratoses. This is followed by an intense inflammatory response, scaling and occasionally moderate tenderness or pain. The height of the inflammatory reaction generally occurs two weeks after the start of therapy, and then begins to subside as treatment is stopped. Within two weeks of discontinuing medication, the inflammation is usually gone. A mild erythema may remain for two to three months before gradually receding.

Selective—with a high degree of safety

Despite the temporary unsightliness and discomfort of the inflammatory episode, Efudex is, in general, more readily tolerated than surgery. Clinical work shows the intense inflammatory response to be limited to the area of the lesion. Normal skin is not similarly affected. Another measure of Efudex safety: systemic absorption of topical fluorouracil was insignificant, indicating a low risk of systemic toxicity.*

Two strengths—two convenient dosage forms

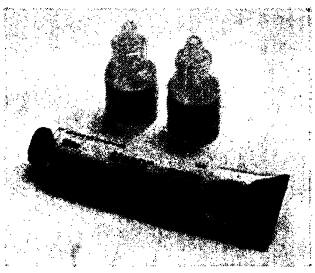
Efudex is available as a 2% or 5% solution or as a 5% cream. It is applied twice daily by the patient with a nonmetal applicator or suitable glove.

Before prescribing Efudex, however, there are two important considerations. First, please consult the complete prescribing information for precautions, warnings and adverse reactions. Second, advise the patient that treated lesions should respond with the characteristic but transient inflammation. A positive sign that Efudex is working for them.

*Data on file, Hoffmann-La Roche Inc., Nutley, New Jersey.

2% and 5% Solutions; 5% Cream Applied twice daily—resolves solar or actinic keratoses.

new Efudex® (fluorouracil) cream/solution



For full prescribing information, please see the following page.

Roche introduces

Efudex®

(fluorouracil) cream/solution the new standardized topical for solar/actinic keratoses

Description: Efudex solutions and cream are topical preparations containing the fluorinated pyrimidine 5-fluorouracil, an antineoplastic antimetabolite.

Efudex Solution consists of 2% or 5% fluorouracil on a weight/weight basis, compounded with propylene glycol, tris-(hydroxymethyl) aminomethane, hydroxypropyl cellulose, parabens (methyl and propyl) and disodium edetate.

Efudex Cream contains 5% fluorouracil in a vanishing cream base consisting of white petrolatum, stearyl alcohol, propylene glycol, polysorbate 60 and parabens (methyl and propyl).

Actions: There is evidence that the metabolism of fluorouracil in the anabolic pathway blocks the methylation reaction of deoxyuridylic acid to thymidylic acid. In this fashion fluorouracil interferes with the synthesis of deoxyribonucleic acid (DNA) and to a lesser extent inhibits the formation of ribonucleic acid (RNA). Since DNA and RNA are essential for cell division and growth, the effect of fluorouracil may be to create a thymine deficiency which provokes unbalanced growth and death of the cell. The effects of DNA and RNA deprivation are most marked on those cells which grow more rapidly and which take up fluorouracil at a more rapid pace. The catabolic metabolism of fluorouracil results in degradative products (*e.g.*, CO_2, urea, α-fluoro-β-alanine) which are inactive.

Studies in man with topical application of ^{14}C-labeled Efudex demonstrated insignificant absorption as measured by ^{14}C content of plasma, urine and respiratory CO_2.

Indications: Efudex is recommended for the topical treatment of multiple actinic or solar keratoses.

Contraindications: Efudex is contraindicated in patients with known hypersensitivity to any of its components.

Warnings: If an occlusive dressing is used, there may be an increase in the incidence of inflammatory reactions in the adjacent normal skin.

Prolonged exposure to ultraviolet rays should be avoided while under treatment with Efudex because the intensity of the reaction may be increased.

Usage in Pregnancy: Safety for use in pregnancy has not been established.

Precautions: If Efudex is applied with the fingers, the hands should be washed immediately afterward. Efudex should be applied with care near the eyes, nose and mouth. To rule out the presence of a frank neoplasm, a biopsy should be made of those areas failing to respond to treatment or recurring after treatment.

Adverse Reactions: The most frequently encountered local reactions were pain, pruritus, hyperpigmentation and burning at the site of application. Other local reactions included dermatitis, scarring, soreness and tenderness.

Also reported were insomnia, stomatitis, suppuration, scaling, swelling, irritability, medicinal taste, photosensitivity and lacrimation.

Laboratory abnormalities reported were leukocytosis, thrombocytopenia, toxic granulation and eosinophilia.

Dosage and Administration: Efudex should be applied twice daily with a nonmetal applicator or suitable glove in an amount of the solution or cream sufficient to cover the lesion. When Efudex is applied to a lesion, a response occurs with the following sequence: erythema, usually followed by vesiculation, erosion, ulceration, necrosis and epithelization. The lower frequency and intensity of activity in adjacent normal skin indicate a selective cytotoxic property. Medication should be continued until the inflammatory reaction reaches the erosion, necrosis and ulceration stage, at which time use of the drug should be terminated. The usual duration of therapy is from 2 to 4 weeks. Complete healing of the lesion may not be evident for 1 to 2 months following cessation of Efudex therapy.

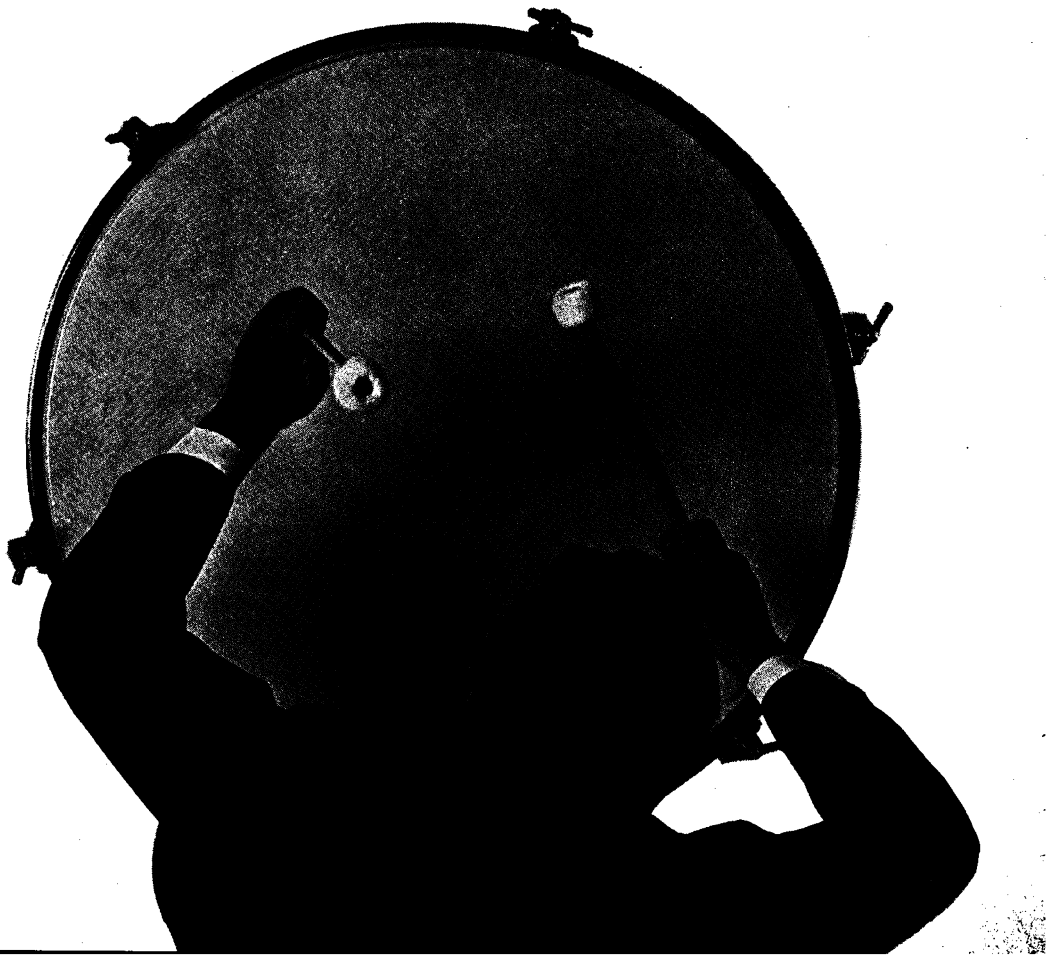
How Supplied: Efudex Solution, 10-ml drop dispensers—containing 2% or 5% fluorouracil on a weight/weight basis, compounded with propylene glycol, tris(hydroxymethyl)aminomethane, hydroxypropyl cellulose, parabens (methyl and propyl) and disodium edetate.

Efudex Cream, 25-Gm tubes—containing 5% fluorouracil in a vanishing cream base consisting of white petrolatum, stearyl alcohol, propylene glycol, polysorbate 60 and parabens (methyl and propyl).

Clinical Studies: The effectiveness of the three preparations as determined by complete involution of solar keratoses was: 2% Solution, 77% of 282 lesions; 5% Solution, 88% of 202 lesions; and 5% Cream, 85% of 189 lesions. In those lesions where complete involution followed treatment, the rate of possible recurrences observed clinically at periods up to 12 months or more was: 2% Solution, 4.6% of 218 lesions; 5% Solution, 1.7% of 177 lesions; and 5% Cream, 5.6% of 160 lesions. Because of the toxic potential of fluorouracil, some physicians preferred to use the 2% solution when large areas were to be treated. Approximately 30% of the lesions required treatment for two weeks or less; approximately 78% required four weeks or less for adequate treatment.

ROCHE Roche LABORATORIES
Division of Hoffmann-La Roche Inc.
Nutley, New Jersey 07110

Amid all the clamor about coexisting anxiety and depression,



may we slip in a quiet word for Aventyl® HCl
Nortriptyline Hydrochloride

Certainly, it's often a dual problem. Anxiety and depression do coexist—and often.

However, when experience, education, and good judgment lead physicians to a diagnosis of depression, many of them turn to Aventyl HCl.

when it's depression

AVENTYL® HCl
NORTRIPTYLINE HYDROCHLORIDE

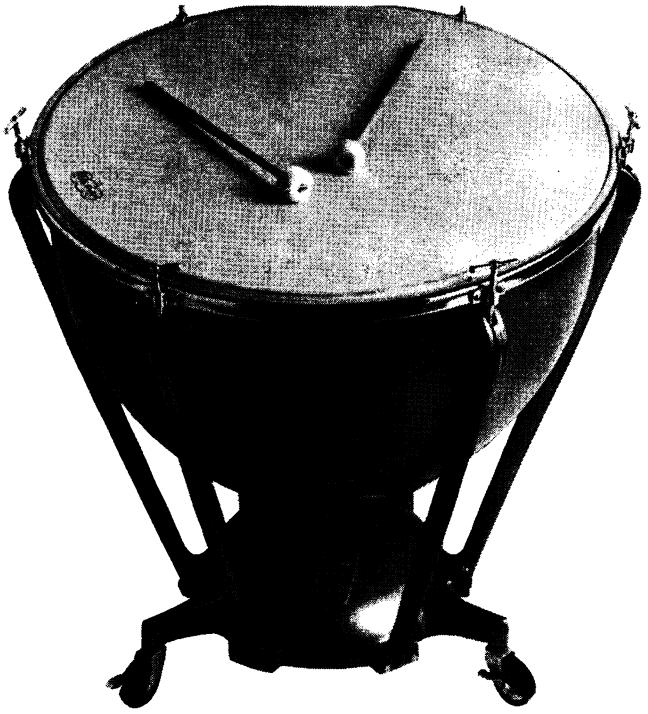
Lilly

000686

Please see next page for prescribing information.

AVENTYL® HCl
NORTRIPTYLINE HYDROCHLORIDE

when it's depression



Indications: Aventyl® HCl (nortriptyline hydrochloride, Lilly) is indicated for the relief of symptoms of depression. Endogenous depressions are more likely to be alleviated than are other depressive states.

Contraindications: The use of Aventyl HCl or other tricyclic antidepressants concurrently with a monoamineoxidase (MAO) inhibitor is contraindicated. Hyperpyretic crises, severe convulsions, and fatalities have occurred when similar tricyclic antidepressants were used in such combinations. Discontinue the MAO inhibitor for at least two weeks before treatment with Aventyl HCl. Patients hypersensitive to Aventyl HCl should not be given the drug.

Cross-sensitivity between Aventyl HCl and other dibenzazepines is a possibility.

Aventyl HCl is contraindicated during the acute recovery period after myocardial infarction.

Warnings: Cardiovascular patients should be supervised closely because of the tendency of Aventyl HCl to produce sinus tachycardia and to prolong the conduction time. Myocardial infarction, arrhythmia, and strokes have occurred. The antihypertensive action of guanethidine and similar agents may be blocked. Because of its anticholinergic activity, Aventyl HCl should be used with great caution in patients with glaucoma or a history of urinary retention. Patients with a history of seizures should be followed closely, since this drug is known to lower the convulsive threshold. Great care is required if Aventyl HCl is administered to hyperthyroid patients or to those receiving thyroid medication, since cardiac arrhythmias may develop.

Usage in Pregnancy—Safe use of Aventyl HCl during pregnancy and lactation has not been established; therefore, the potential benefits of administration to pregnant patients, nursing mothers, or women of childbearing potential must be weighed against the possible hazards.

Usage in Children—This drug is not recommended for use in children, since safety and effectiveness in the pediatric age group have not been established.

Aventyl HCl may impair the mental and/or physical abilities required for the performance of hazardous tasks, such as operating machinery or driving a car; therefore, the patient should be warned accordingly.

Precautions: Aventyl HCl in schizophrenic patients may result in an exacerbation of the psychosis or may activate latent schizophrenic symptoms. In overactive or agitated patients, increased anxiety and agitation may occur. In manic-depressive patients, Aventyl HCl may cause symptoms of the manic phase to emerge.

Troublesome patient hostility may be aroused by the use of Aventyl HCl. Epileptiform seizures may accompany its administration, as is true of other drugs of its class.

Close supervision and careful adjustment of the dosage are required when Aventyl HCl is used with other anticholinergic drugs and sympathomimetic drugs.

The patient should be informed that the response to alcohol may be exaggerated.

When necessary, the drug may be administered with electroconvulsive therapy, although the hazards may be increased. Discontinue the drug for several days, if possible, prior to elective surgery.

Because the possibility of a suicidal attempt by depressed patients remains after the initiation of treatment, dispense the least possible quantity of drug at any given time.

Both elevation and lowering of blood sugar levels have been reported.

Adverse Reactions: Note: Included in the following list are a few adverse reactions which have not been reported with this specific drug. However, the pharmacologic similarities among the tricyclic antidepressant drugs require that each of the reactions be considered when nortriptyline is administered.

Cardiovascular—Hypotension, hypertension, tachycardia, palpitation, myocardial infarction, arrhythmias, heart block, stroke.

Psychiatric—Confusional states (especially in the elderly) with hallucinations, disorientation, delusions; anxiety, restlessness, agitation; insomnia, panic, and nightmares; hypomania; exacerbation of psychosis.

Neurological—Numbness, tingling, paresthesias of extremities; in-co-ordination, ataxia, tremors; peripheral neuropathy; extrapyramidal symptoms; seizures, alteration in EEG patterns; tinnitus.

Anticholinergic—Dry mouth and, rarely, associated sublingual adenitis; blurred vision, disturbance of accommodation, mydriasis; constipation, paralytic ileus; urinary retention, delayed micturition, dilation of the urinary tract.

Allergic—Skin rash, petechiae, urticaria, itching, photosensitization (avoid excessive exposure to sunlight); edema (general or of face and tongue), drug fever, cross-sensitivity with other tricyclic drugs.

Hematologic—Bone-marrow depression, including agranulocytosis; eosinophilia; purpura; thrombocytopenia.

Gastro-Intestinal—Nausea and vomiting, anorexia, epigastric distress, diarrhea; peculiar taste, stomatitis, abdominal cramps, blacktongue.

Endocrine—Gynecomastia in the male; breast enlargement and galactorrhea in the female; increased or decreased libido, impotence; testicular swelling; elevation or depression of blood sugar levels.

Other—Jaundice (simulating obstructive); altered liver function; weight gain or loss; perspiration; flushing; urinary frequency, nocturia; drowsiness, dizziness, weakness, and fatigue; headache; parotid swelling; alopecia.

Withdrawal Symptoms—Though these are not indicative of addiction, abrupt cessation of treatment after prolonged therapy may produce nausea, headache, and malaise.

Administration and Dosage: Aventyl HCl is not recommended for children.

Aventyl HCl is administered orally in the form of Pulvules® or liquid. Lower dosages are recommended for elderly patients, adolescents, and outpatients not under close supervision. Start dosage at a low level and increase gradually, noting carefully the clinical response and any evidence of intolerance. Following remission, maintenance medication may be required for a prolonged period at the lowest effective dose.

If a patient develops minor side-effects, reduce the dosage. Discontinue the drug promptly if serious adverse effects or allergic manifestations occur.

Usual Adult Dose—25 mg. three or four times daily, starting at a low level and increasing as required. Doses above 100 mg. per day are not recommended.

Elderly and Adolescent Patients—30 to 50 mg. per day, in divided doses.

Overdosage: Toxic overdosage may result in confusion, restlessness, agitation, vomiting, hyperpyrexia, muscle rigidity, hyperactive reflexes, tachycardia, ECG evidence of impaired conduction, shock, congestive heart failure, stupor, coma, and C.N.S. stimulation with convulsions followed by respiratory depression. Deaths have occurred following overdosage with drugs of this class.

No specific antidote is known. General supportive measures are indicated, with gastric lavage. Respiratory assistance is apparently the most effective measure when indicated. The use of C.N.S. depressants may worsen the prognosis.

Barbiturates for control of convulsions alleviate an increase in the cardiac work load but should be used with caution to avoid potentiation of respiratory depression.

Intramuscular paraldehyde or, preferably, diazepam provides anticonvulsant activity with less respiratory depression than do the barbiturates.

Digitalis and/or pyridostigmine may be considered in serious cardiovascular abnormalities or cardiac failure.

The value of dialysis has not been established.

How Supplied: Liquid Aventyl® HCl (nortriptyline hydrochloride, Lilly), 10 mg. (equivalent to base) per 5 ml., in pint bottles.

Pulvules Aventyl HCl, 10 and 25 mg. (equivalent to base), in bottles of 100 and 500.

[040670]

Additional information available to the profession on request.

Eli Lilly and Company
Indianapolis, Indiana 46206

Lilly

000686

(Continued from page 16)

SITUATIONS WANTED

INTERNIST—Board eligible—age 33, two years sub-specialty training in clinical immunology and rheumatology. One-year experience as chief of rheumatology in Southern California rehabilitation, arthritis surgery unit. Medical school affiliated. Seeks position with private group with multiple medical sub-specialty members to do both general internal medicine and rheumatology. Box 9239, Calif. Med.

LOCUM TENENS. General practitioner and surgeon available for part or all of December, 1970, and January to April 1st, 1971. Write Box 9240, Calif. Med. or telephone (213) 339-3728.

SURGEON—Board certified. Very experienced and very productive. Have administrative ability. Want to leave solo practice for group or hospital position and have some leisure time. Available when agreement made. Box 9241, Cal. Med.

CALIFORNIA LICENSED YOUNG M.D. seeks lucrative position Bay Area. Prefers OPD or ER also exp acute/chronic alcoholism. Secure credentials from our office and contact him direct for interview. Continental Pacific Coast Medical Agency, 9777 Wilshire, Beverly Hills, Ca. 90212 (213) 274-7831.

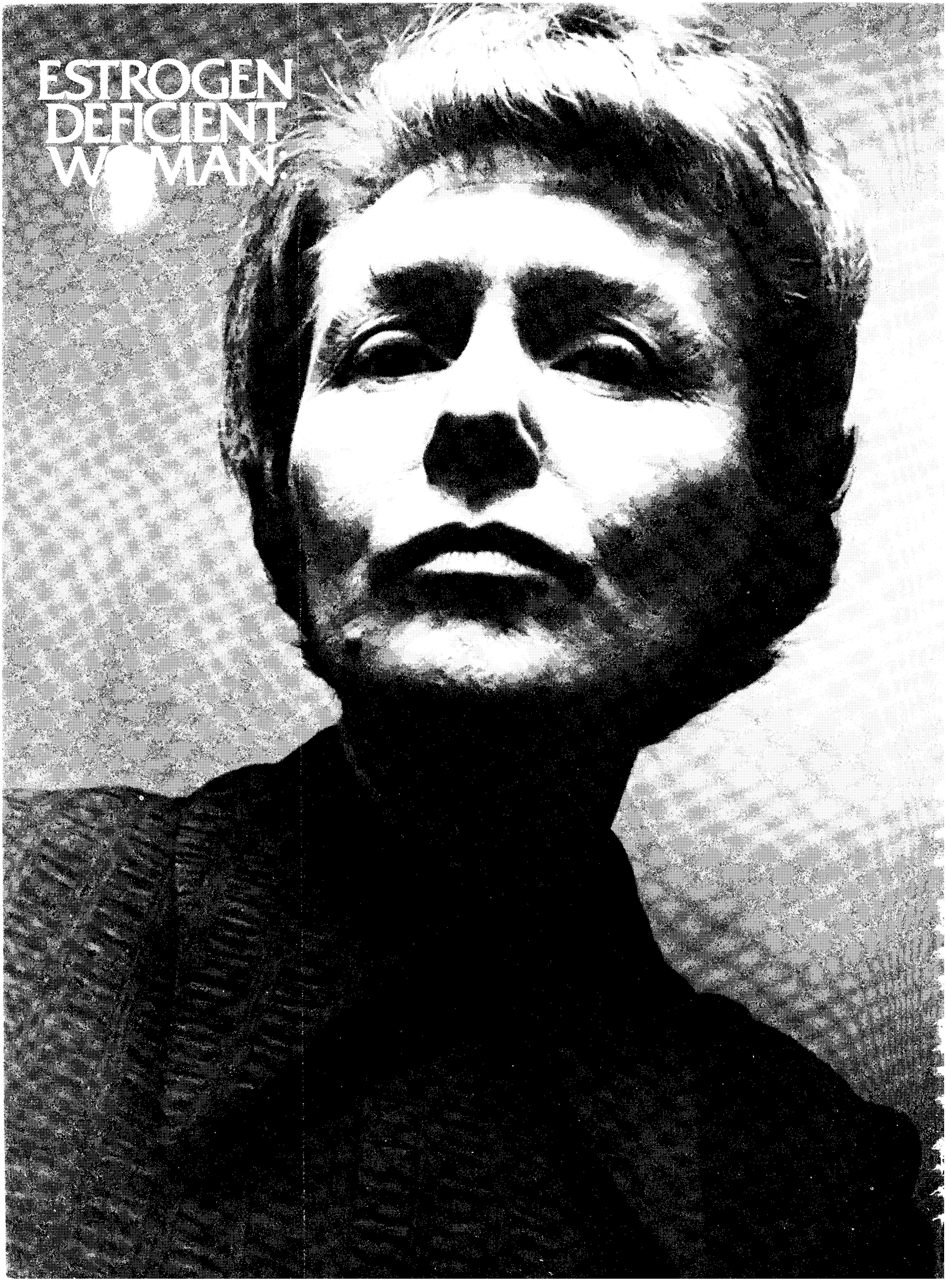
PRACTICES FOR SALE

MANY CALIFORNIA MEDICAL PRACTICES FOR SALE. Various locations and sizes too numerous to list individually. If you are looking for an opportunity to practice, contact Professional Practice Sales, 17411 Irvine Blvd., Tustin, Calif. (714) 832-0230, or 1428 Irving Street, San Francisco (415) 661-0608. Also appraisals and brokerage services for physicians contemplating sale of Medical Practices.

ASSOCIATES WANTED

YOUNG GENERAL PRACTITIONER to associate with two active M.D.s (one F.A.C.S.). Excellent coastal town with population area of approximately 25,000. Modern new hospital, planned for 150 beds. Modern intensive care and cardio-pulmonary units now in use. Box 9221, California Medicine.

INTERNIST, Board Eligible or Certified, age 30 to 45 to associate with three Certified Internists. New building, new hospital with coronary ICU. Teaching position available at nearby County Hospital. Investment opportunity. Guarantee $20,000 net minimum first year. Phone or write Drs. McDonald, Gordinier or Edwards, 243 March Street, Santa Paula, Ca. 93060. Phone: (805) 525-7131.


ESTROGEN
DEFICIENT
WOMAN

You see her from 45 to 55 with

hot flushes
night sweats
fatigue
headache
palpitations
emotional distress

TREAT HER WITH PREMARIN (Conjugated Estrogens, U.S.P.). PREMARIN offers specific, effective replacement therapy for relief of menopausal symptoms—both physical and emotional—due to estrogen deficiency. It usually provides a "sense of well-being"... helps many patients maintain a more positive outlook.

KEEP HER ON PREMARIN (Conjugated Estrogens, U.S.P.). Continued use of PREMARIN after menopausal symptoms have abated can help protect against further degenerative changes related to estrogen deficiency—changes that often begin in the reproductive organs and extend rapidly to body tissues and skeleton.

REPLACEMENT THERAPY AT ANY STAGE. The estrogen deficient woman can benefit from long term replacement therapy with PREMARIN *at any stage*—whether she is 45 and suffering symptoms of the menopause... a grandmother of 60 with atrophic vaginal tissue... or an even more elderly patient with osteoporosis. PREMARIN therapy is remarkably well tolerated, and relatively inexpensive.

BRIEF SUMMARY

PREMARIN® (Conjugated Estrogens, U.S.P.).

Indication: PREMARIN is specific for replacement therapy of the estrogen deficiency state characteristic of the menopause and the postmenopause.

Caution: *In the female:* To avoid continuous stimulation of breast and uterus, cyclic therapy is recommended (3 week regimen with 1 week rest period—Withdrawal bleeding may occur during this 1 week rest period).

In the male: Continuous therapy over prolonged periods of time may produce gynecomastia, loss of libido, and testicular atrophy.

Suggested Usual Dosage: Menopausal and postmenopausal estrogen deficiency—PREMARIN: 1.25 mg. to 3.75 mg. daily, depending on severity of symptoms. Dosage should be tailored to individual needs of patient. Cyclic administration is recommended (3 weeks of daily estrogen therapy and 1 week off).

If patient has not menstruated within last two months or more, cyclic administration is started arbitrarily. If patient is menstruating, cyclic administration is started on day 5 of bleeding.

Note: If breakthrough bleeding occurs (bleeding or spotting during estrogen therapy), increase estrogen dosage as needed to stop bleeding. Continue this individualized dosage in subsequent cyclic regimen. *Failure to control bleeding or unexpected recurrence is an indication for curettage.*

Atrophic vaginitis, pruritus vulvae: Cyclically, 1.25 mg. to 3.75 mg. or more is given, depending on tissue response of individual patient.

Available in 4 potencies: *Tablets*—No. 865—2.5 mg. (purple); No. 866—1.25 mg. (yellow); No. 867—0.625 mg. (red); and No. 868—0.3 mg. (green). In bottles of 100 and 1,000.

AYERST LABORATORIES
New York, N.Y. 10017

Ayerst®

7053

therapy for all stages of estrogen deficiency

NATURAL ESTROGEN THERAPY

PREMARIN®

BRAND OF

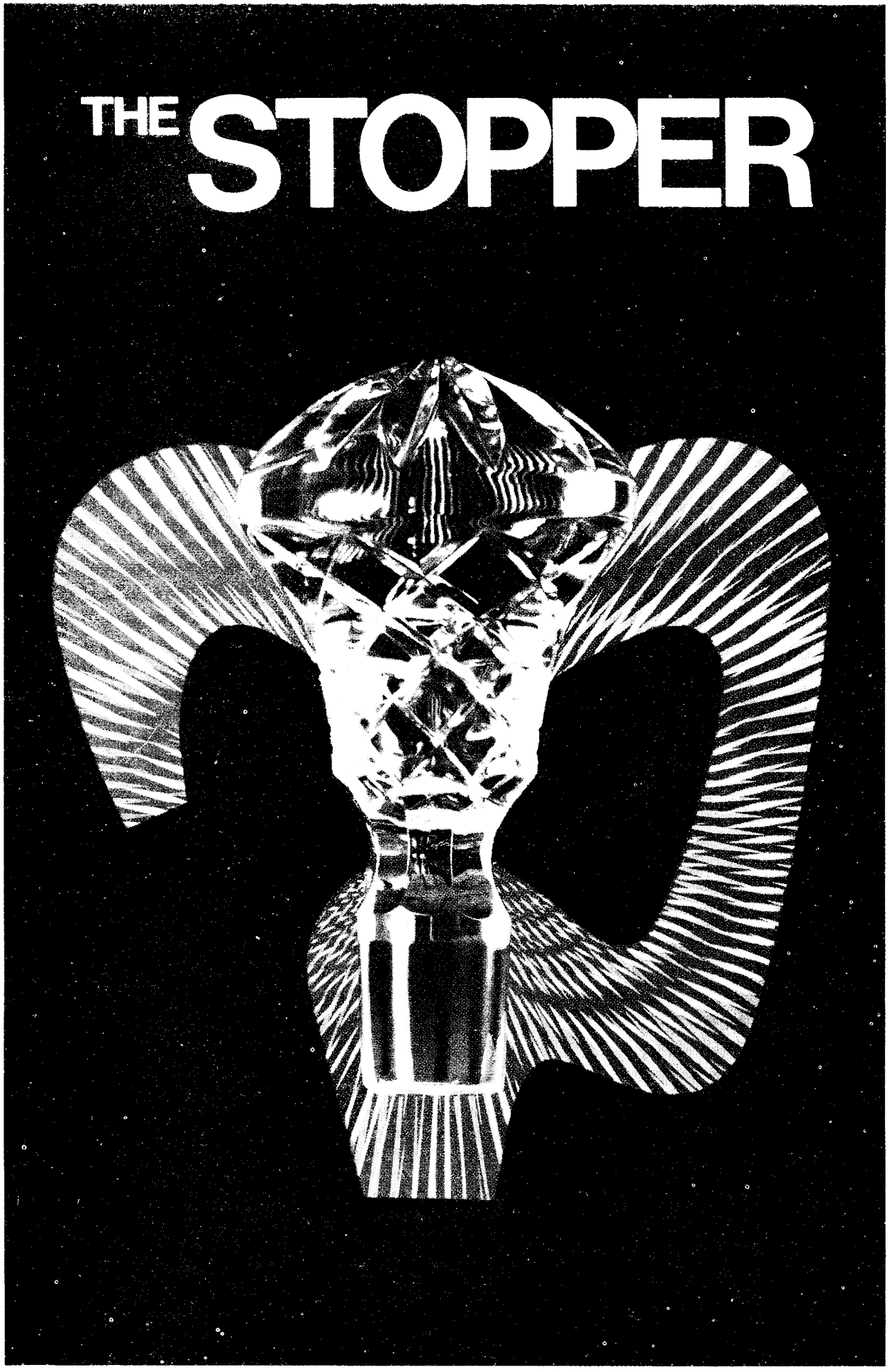
CONJUGATED ESTROGENS, U.S.P.

DIRECTORY

HOSPITALS • SANITARIUMS • REST HOMES

INDEX TO CALIFORNIA MEDICINE ADVERTISERS

THE STOPPER



LOMOTIL®

tablets/liquid

Each tablet and each 5 cc. of liquid contain:
diphenoxylate hydrochloride .....2.5 mg.
(Warning: May be habit forming)
atropine sulfate .....0.025 mg.

first aid in diarrhea of acute gastroenteritis

PROMPT ANTIDIARRHEAL ACTION
Roentgenographic studies demonstrate that the motility-lowering activity of Lomotil is concentrated in the first three hours and continues for at least six hours.

Clinical investigators have found ample confirmation of these determinations. Lomotil has reduced diarrheal urgency in many patients within one hour.

OPTIMAL ANTIDIARRHEAL CONTROL
Numerous investigators have remarked on the high degree of effectiveness of Lomotil in a variety of diarrheal disorders. Lomotil has given good to excellent relief of symptoms in many patients who had failed to respond to other measures.

UNSURPASSED ANTIDIARRHEAL ACCEPTANCE
Patients prefer Lomotil for its convenience, its prompt control of diarrhea and its relief of cramping and urgency. Physicians specify Lomotil for its dependable action and its relative freedom from side effects when taken as directed.

Warnings: Lomotil should be used with caution in patients taking barbiturates and, if not contraindicated, in patients with cirrhosis, advanced liver disease or impaired liver function.

Precautions: Lomotil is a federally exempt narcotic with theoretically possible addictive potential at high dosage; this is not ordinarily a clinical problem. Use Lomotil with considerable caution in patients receiving addicting drugs. Recommended dosages should not be exceeded, and medication should be kept out of reach of children. Signs of accidental overdosage may include severe respiratory depression, flushing, lethargy or coma, hypotonic reflexes, nystagmus, pinpoint pupils, tachycardia; continuous observation is necessary. The subtherapeutic amount of atropine sulfate is added to discourage deliberate overdosage.

Adverse Reactions: Side effects reported with Lomotil therapy include nausea, sedation, dizziness, vomiting, pruritus, restlessness, abdominal discomfort, headache, angioneurotic edema, giant urticaria, lethargy, anorexia, numbness of the extremities, atropine effects, swelling of the gums, euphoria, depression and malaise.

Overdosage: The medication should be kept out of reach of children since accidental overdosage may cause severe, even fatal, respiratory depression.

Dosage: The recommended initial daily dosages, given in divided doses until diarrhea is controlled, are as follows:

Children:
3-6 mo. .. ½ tsp.* t.i.d. (3 mg.)
6-12 mo. .. ½ tsp. q.i.d. (4 mg.)
1-2 yr. ... ½ tsp. 5 times daily (5 mg.)
2-5 yr. ... 1 tsp. t.i.d. (6 mg.)
5-8 yr. ... 1 tsp. q.i.d. (8 mg.)
8-12 yr. .. 1 tsp. 5 times daily (10 mg.)
Adults: ... 2 tsp. 5 times daily (20 mg.)
or 2 tablets q.i.d.
*Based on 4 cc. per teaspoonful.

Use of Lomotil is not recommended in infants less than 3 months of age.

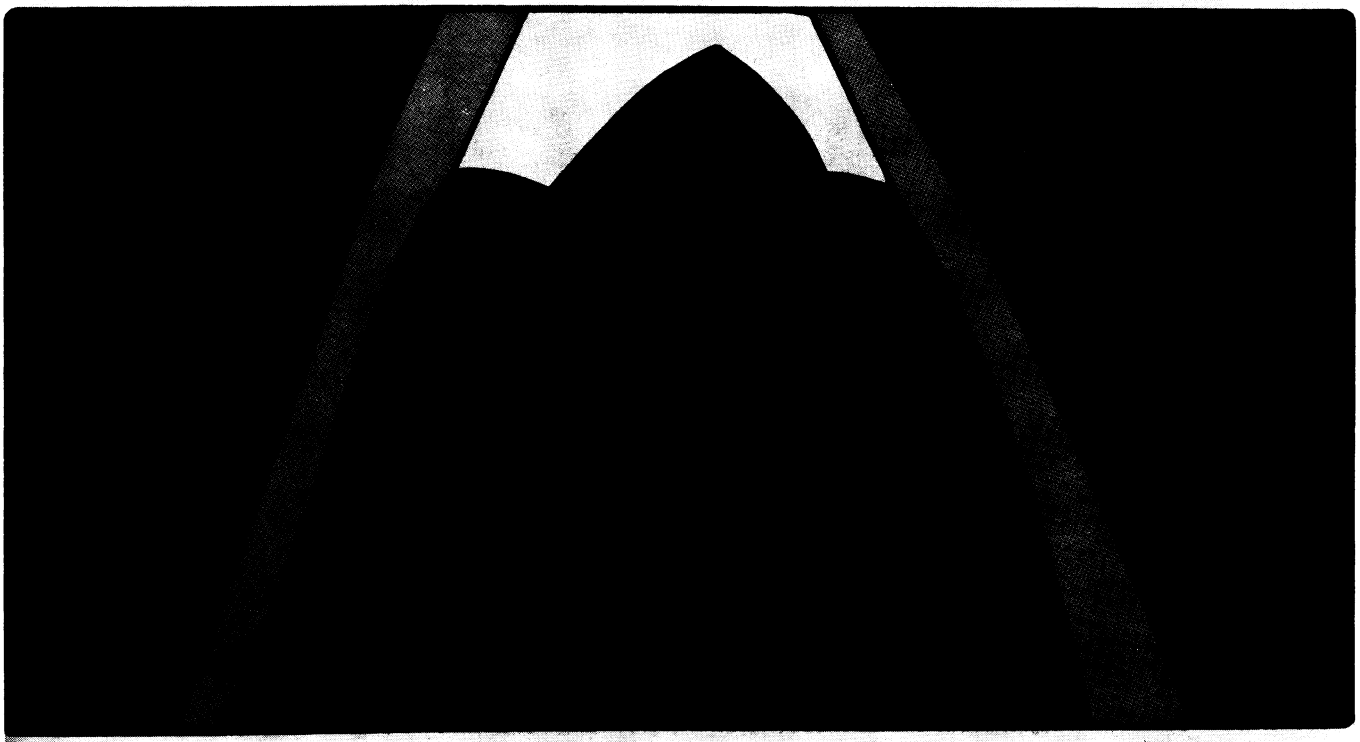
Maintenance dosage may be as low as one-fourth the initial daily dosage.

953

G. D. SEARLE & CO. • P.O. Box 5110, Chicago, Illinois 60680 • Research in the Service of Medicine

anxiety: the tyrant

Excessive anxiety can often dominate the patient made vulnerable by illness, surgery, prolonged emotional stress. It can induce or aggravate symptoms, disrupt medical management, divert energy the patient needs for recovery.
The antianxiety action of Librium® (chlordiazepoxide HCl)—used adjunctively or alone—has demonstrated clinical usefulness in virtually every field of medical practice where anxiety complicates the patient's condition.



for the patient ruled by anxiety

Librium®

(chlordiazepoxide HCl) 5-mg, 10-mg, 25-mg capsules

Before prescribing, please consult complete product information, a summary of which follows:
Indications: Indicated when anxiety, tension and apprehension are significant components of the clinical profile.
Contraindications: Patients with known hypersensitivity to the drug.
Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants. As with all CNS-acting drugs, caution patients against hazardous occupations requiring complete mental alertness (e.g., operating machinery, driving). Though physical and psychological dependence have rarely been reported on recommended doses, use caution in administering to addiction-prone individuals or those who might increase dosage; withdrawal symptoms (including convulsions), following discontinuation of the drug and similar to those seen with barbiturates, have been reported. Use of any drug in pregnancy, lactation, or in women of childbearing age requires that its potential benefits be weighed against its possible hazards.
Precautions: In the elderly and debilitated, and in children over six, limit to smallest effective dosage (initially 10 mg or less per day) to preclude ataxia or oversedation, increasing gradually as needed and tolerated. Not recommended in children under six. Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider individual pharmacologic effects, particularly in use of potentiating drugs such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (e.g., excitement, stimulation and acute rage) have been reported in psychiatric patients and hyperactive aggressive children. Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship has not been established clinically.
Adverse Reactions: Drowsiness, ataxia and confusion may occur, especially in the elderly and debilitated. These are reversible in most instances by proper dosage adjustment, but are also occasionally observed at the lower dosage ranges. In a few instances syncope has been reported. Also encountered are isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent and generally controlled with dosage reduction; changes in EEG patterns (low-voltage fast activity) may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice and hepatic dysfunction have been reported occasionally, making periodic blood counts and liver function tests advisable during protracted therapy.

Roche
LABORATORIES
Division of Hoffmann-La Roche Inc.
Nutley, New Jersey 07110